FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:18

DOCUMENT # J17332 (4)

1. Corporation Name
WATSON CLINIC - MULBERRY, P.A.

Principal Place of Business	Mailing Address
C/O WATSON CLINIC 1600 LAKELAND HILLS BLVD LAKELAND FL 33805 US	C/O WATSON CLINIC 1600 LAKELAND HILLS BLVD LAKELAND FL 33805 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARDEN, GLEN A
1600 LAKELAND HILLS BLVD
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	BARDEN, GLEN A., M.D.	1.2 NAME	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARDEN, GLEN A., M.D.	2.2 NAME	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DALE J	3.2 NAME	
STREET ADDRESS	1600 LAKELAND HILLS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with no alteration.

SIGNATURE: Glen A Barden MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314077 CP