

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L09906 (3)

1. Corporation Name

DAVID WATKINS, L.M.H.C., P.A.



Principal Place of Business

Mailing Address

311 UNIVERSITY DRIVE  
SUITE 725  
CORAL SPRINGS FL 33065  
US

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SUITE 725  
CORAL SPRINGS FL 33065  
US

3. Date Incorporated or Qualified  
08/18/1989

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 311 University Drive

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0141299

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees 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

10. Name and Address of New Registered Agent

WATKINS, DAVID W  
2321 NE 50TH COURT  
LIGHTHOUSE FL 33064

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WATKINS, DAVID W  
STREET ADDRESS 2321 N.E. 50TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(k), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96 (954) 346-8640

CR2E034 (12/95)