2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P00000114416

1. Entity Name
WATSON COMPANION CARE, INC.



Principal Place of Business 327 OFFICE PLAZA DRIVE

SUITE 105 TALLAHASSEE, FL 32301 Mailing Address

327 OFFICE PLAZA DRIVE SUITE 105

TALLAHASSEE, FL 32301



07 APR 23 AM 9: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA





04222007

No Chg-P

CR2E034 (11/05)

4.	FEI Number					
	59-3686260					

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing 🖂	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			10 A			
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NAME	WATSON, STEVEN A							
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all proper like empowered.								