

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000088033

1. Entity Name  
DONALD R. WATREN, M.D., P.A.



Principal Place of Business  
1500 N DIXIE HWY  
SUITE 102  
WEST PALM BEACH, FL 33401

Mailing Address  
1500 N DIXIE HWY  
SUITE 102  
WEST PALM BEACH, FL 33401

FILED  
Aug 04, 2006 08:00 AM  
Secretary of State



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1137317

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WATREN, DONALD R  
1500 N. DIXIE HWY  
SUITE 102  
WEST PALM BEACH, FL 33-401;

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.

000000573425  
08/04/06-80006-024 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATREN, DONALD R MD 1500 N DIXIE HWY SUITE 102 WEST PALM BEACH, FL 33401
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DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald Watren MD

7/25/06 561-655-8990