

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90836 006 ***158.75

DOCUMENT # P01000099686

1. Entity Name
TOM WATSON, M.D., P.A.



Principal Place of Business
**1320 SOUTH BAY STREET
EUSTIS FL 32726**

Mailing Address
**2217 S.W. 88TH STREET
GAINESVILLE FL 32607**

20006745



2. Principal Place of Business

3. Mailing Address

1320 SOUTH BAY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
EUSTIS, FL

Zip

Country

Zip
32726

Country
USA

4. FEI Number **59-3748424**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, JOHN T M.D.
2217 S.W. 88TH STREET
GAINESVILLE FL 32607**

Name **WATSON, JOHN T. M.D.**

Street Address (P.O. Box Number is Not Acceptable)
2939 WINDHAM DRIVE

City **EUSTIS** **FL** Zip Code **32726**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **WATSON, JOHN T M.D.**
STREET ADDRESS **2217 S.W. 88TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32607**

☐ Delete

TITLE
NAME **WATSON, JOHN T. M.D.** ☒ Change ☐ Addition
STREET ADDRESS **2939 WINDHAM DRIVE**
CITY-ST-ZIP **EUSTIS, FL 32726**

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOHN T. WATSON, M.D. 01/08/03 (352) 589-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)