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1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

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4-8-57 571-964-2211 Date Dayline Prone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400000051 (0)

DOUGLAS WATSON, M.D., P.A.

								4/31 81/81 1181 1881
Principal Place		Mailing Address				C INDICATE THE INITERITATION OF THE SOUR SOUR SOUR SOUR SOUR SOUR SOUR SOUR		
2887 LAKE WORTH ROAD LAKE WORTH FL 33461			2887 LAKE WORTH ROAD LAKE WORTH FL 33461-4127					
						3. Date Incorporated or Qualified 01/03/1994	3a. Date of 03/20/1	
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number		Applied For
1		26	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
Suite, Apt. #	₹, etc							
City & State		City & State						Fee Required
23	'	28				Election Campaign Financing     Trust Fund Contribution		5.00 May Be
Zip	Country	Zip	c	Country				<del></del>
24	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8. This corporation has liability for in Florida Statutes	itangible tax ui Yes ☐ No	
<u>*1</u>	9. Name and Address of Cu		<del>L</del> -	<u> </u>		10. Name and Address of New Reg		
SPRI	INKLE, PHILIP M III		***************************************	81	Name			
777 S FLAGLER DR					Stroot Addr	reet Address (P.O. Box Number is Not Acceptable)		
	E 900				82 Street Address (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401			83				<del></del>
				84	City		- lee	7:0 0000
					•		FL 85	
<ol> <li>Pursuant to office or re</li> </ol>	o the provisions of Sections 607, edistered agent, or both, in the S	.0502 and 607.1508, Florida	Statutes, the	above-ized by t	named corp	poration submits this statement for the pution's board of directors. I hereby accept	rpose of chan the appointm	ging its registered ent as registered
	n familiar with, and accept the of	obligations of Section 607.05	505, Florida Si	Statutes.	•			
SIGNATURE _	n familiar with, and accept the of				:	red when reinsleting)	DATE	
SIGNATURE	Signature inject or purited native of registeres			tered Agent	:		DATE	
SIGNATURE	Suprane hyperfor purificial name of registers: OFFICERS D	od agent and title if applicable	(NOTE: Registe	tered Agent	:	red when reinstating)	DATE ERS AND DIRE	
SIGNATURE 5	Signature my extra printed harve of registeral OFFICERS  D  WATSON, DOUGLAS MD	od agent and little if applicable  S AND DIRECTORS  DELE	(NOTE: Register	itered Agent	:	red when reinstating)	DATE ERS AND DIRE	ECTORS IN 12
SIGNATURE STATE ST	S granded by est or publical name of registers OFFICERS D WATSON, DOUGLAS MD 2887 LAKE WORTH ROAD	od agent and little if applicable  S AND DIRECTORS  DELE	(NOTE: Registe 13	stered Agent 13, .1 TITLE	i signature requir	red when reinstating)	DATE ERS AND DIRE	ECTORS IN 12
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