

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068489

1. Entity Name

DEAN D. WATSON, M.D., P.A.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90076 031 ***150.00

| | |
|--|--|
| Principal Place of Business 1001 W. COLLEGE BLVD., STE. G NICEVILLE FL 32578 | Mailing Address 1001 W. COLLEGE BLVD., STE. G NICEVILLE FL 32578 |
|--|--|

107421



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address 2857 Royal Isle Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Tallahassee, FL | |
| Zip | Country | Zip | Country |
| | | 32312 | US |

| | |
|--|-------------------------------|
| 4. FEI Number 59-3590829 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent WATSON, DEAN D M.D. 1001 W. COLLEGE BLVD., STE. G NICEVILLE FL 32578 |
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|---|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2857 Royal Isle Dr City Tallahassee FL Zip Code 32312 |
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| | | |
|---|-------------------|---------|
| 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. | | |
| SIGNATURE | Dean Watson, M.D. | 1/22/01 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D WATSON, DEAN D 1301 HODGES DR TALLAHASSEE FL 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition D DEAN WATSON 2857 ROYAL ISLE DR Tallahassee, FL 32312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

| | | | |
|--|-------------|---------|-----------------|
| SIGNATURE: | Dean Watson | 1/24/01 | (850) 219 3544 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

CR2E034 (10/00)