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FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71599 (7)

1. Corporation Name
PATRICK G. WATSON, M.D., P.A.



Principal Place of Business: 607 C WEST MARTIN LUTHER KING, JR. BLVD. SUITE 102 TAMPA FL 33603 US
Mailing Address: 607 C WEST MARTIN LUTHER KING, JR. BLVD. SUITE 102 TAMPA FL 33603-3449 US

3. Date Incorporated or Qualified: 10/16/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 8751 N 30th ST Suite, Apt. #, etc.
2a. Mailing Address: 26 8751 N 30th ST Suite, Apt. #, etc.

4. FEI Number: 59-3158395
Applied For: Not Applicable

22 City & State: TAMPA FL
27 City & State: TAMPA FL

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

23 Zip: 33604 Country: Hillsborough
28 Zip: 33604 Country: Hillsborough

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GARDNER, JOHN W 208 MASON ST BRANDON FL 33511

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WATSON, PATRICK G. | |
| STREET ADDRESS | 607C W. MARTIN LUTHER | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME | WATSON PATRICK G |
| 1.3 STREET ADDRESS | 8751 N 30th ST |
| 1.4 CITY-ST-ZIP | Tampa FL 33604 |
| 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick G. Watson, Secretary of State, 012 907-2620

CR2E034 (9/96)