

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019265

Entity Name: BRAILLE MARIE WATSON, D.M.D., P.A.

Current Principal Place of Business:

402 N BABCOCK ST
STE 103
MELBOURNE, FL 32935

Current Mailing Address:

402 N BABCOCK ST
STE 103
MELBOURNE, FL 32935

FEI Number: 26-2057225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, BRAILLE M
215 CHALET AVE.
INDIALANTIC, FL 32903 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name WATSON, BRAILLE M
Address 402 NORTH BABCOCK STREET
SUITE 103
City-State-Zip: MELBOURNE FL 32935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRAILLE WATSON

PRESIDENT

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date