

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69966

Entity Name: NEWBERRY CLINIC, P.A.

FILED
Mar 14, 2011
Secretary of State

Current Principal Place of Business:

1619 6TH STREET SE.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

1619 6TH STREET SE.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 59-2183602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, RANDALL
170 CENTRAL AVE E.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: NEWBERRY, GARY W
Address: 1619 6TH ST SE
City-St-Zip: WINTER HAVEN, FL 33880 US

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: GARY W. NEWBERRY

PRES

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date