

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69966

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** NEWBERRY CLINIC, P.A.

**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

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date