

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-10-2007 90028 012 ***150.00

DOCUMENT # P06000009228 1. Entity Name FREDRICK NEWTON, DOCTOR OF DENTAL SURGERY PROFESSIONAL ASSOCIATION			
Principal Place of Business 1190 W EDGEWOOD AVE STE C JACKSONVILLE, FL 32208		Mailing Address 1190 W EDGEWOOD AVE STE C JACKSONVILLE, FL 32208	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 592470441		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWTON, FREDERICK 1190 W EDGEWOOD AVE STE C JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT NEWTON, FREDERICK DDS 1190 W EDGEWOOD AVE STE C JACKSONVILLE, FL 32208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWTON, FREDERICK DDS 1190 W EDGEWOOD AVE STE C JACKSONVILLE, FL 32208 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Fredrick Newton, D.D.S.</i>		02/25/07 9047654406 Date Daytime Phone #	