

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000039005

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** NEWBERRY FAMILY DENTISTRY INC

**Current Principal Place of Business:**

12 SW 250TH STREET  
NEWBERRY, FL 32669 US

**New Principal Place of Business:**

**Current Mailing Address:**

4001 W. NEWBERRY ROAD  
SUITE B-1  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 26-4787660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEEGAN, TIMOTHY  
9200 NW 36 TH PLACE  
#A  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

STORMANT, JOHN  
4232 NW 6TH ST  
#A1  
GAINESVILLE, FL 32609 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: JOHN STORMANT

01/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LISTZWAN, JAMES L  
Address: 4001 W. NEWBERRY ROAD #B-1  
City-St-Zip: GAINESVILLE, FL 32607 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: JAMES LISTZWAN

P

01/12/2010

Electronic Signature of Signing Officer or Director

Date