2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # P93000023695 1. Entity Name JOYCE E. NEWCOMB, PH.D., R.N., P.A. Mailing Address Principal Place of Business 4627 NW 58 AVE 4627 NW 58 AVE CORAL SPRING, FL 33076_ US CORAL SPRING, FL 33076 US 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0403567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWCOMB, JOYCE E DO NOT WRITE 4627 NW 58 AVE CORAL SPRINGS, FL 33076 IN THIS SPACE 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 INOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10, OFFICERS AND DIRECTORS THLE NEWCOMB, JOYCE E NAME 4627 NW 58 AVE STREET ADDRESS CITY - ST-ZIP CORAL SPRINGS, FL 33076 TITLE ΝΑΜΕ STREET ADDRESS CITY-ST-712 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP mr NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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SIGNATURE:

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