

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000023695

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** JOYCE E. NEWCOMB, PH.D., R.N., P.A.

**Current Principal Place of Business:**

4627 NW 58 AVE  
CORAL SPRING, FL 33076 US

**New Principal Place of Business:**

4627 NW 58 AVE  
CORAL SPRING, FL 33067 US

**Current Mailing Address:**

4627 NW 58 AVE  
CORAL SPRING, FL 33076 US

**New Mailing Address:**

4627 NW 58 AVE  
CORAL SPRING, FL 33067 US

**FEI Number:** 65-0403567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWCOMB, JOYCE E  
4627 NW 58 AVE  
CORAL SPRINGS, FL 33076 US

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

NEWCOMB, JOYCE E  
4627 NW 58 AVE  
CORAL SPRINGS, FL 33067 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:

01/10/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: NEWCOMB, JOYCE E  
Address: 4627 NW 58 AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: JOYCE E NEWCOMB

PRES

01/10/2010

Electronic Signature of Signing Officer or Director

Date