

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69966

Entity Name: NEWBERRY CLINIC, P.A.

Current Principal Place of Business:

1619 6TH STREET SE.
WINTER HAVEN, FL 33880

Current Mailing Address:

1619 6TH STREET SE.
WINTER HAVEN, FL 33880

FEI Number: 59-2183602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANKENSHIP, RANDALL
170 CENTRAL AVE E.
WINTER HAVEN, FL 33880 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name NEWBERRY, GARY W
Address 1619 6TH ST SE
City-State-Zip: WINTER HAVEN FL 33880

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: STACY L. NEWBERRY

OFFICE MANAGER

03/25/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date