

**2016 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**

**02/17/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date