## 2014 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

# 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

### Officer/Director Detail :

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

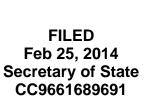
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY W. NEWBERRY

PRESIDENT

02/25/2014 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date