

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 547096

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Entity Name:** RICHARD F. NEWMAN, D.D.S., P.A.

**Current Principal Place of Business:**

1550 S DIXIE HWY  
STE 200  
MIAMI, FL 331463034

**New Principal Place of Business:**

**Current Mailing Address:**

1550 S DIXIE HWY  
STE 200  
MIAMI, FL 331463034

**New Mailing Address:**

**FEI Number:** 59-1759704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NEUWAHL, MALCOLM H  
1500 SAN REMO AVE  
SUITE 125  
CORAL GABLES, FL 33146 US

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

NEUWAHL, MALCOLM  
1500 SAN REMO  
SUITE 125  
CORAL GABLES, FL 33146 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: MALCOLM NEUWAHL      10/05/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            PTD            ( ) Delete  
Name:            NEWMAN, RICHARD F  
Address:        1550 S DIXIE HWY  
City-St-Zip:    CORAL GABLES FL,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PTD            (X) Change ( ) Addition  
Name:            NEWMAN, RICHARD F  
Address:        1550 S DIXIE HWY, SUITE 200  
City-St-Zip:    CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD F. NEWMAN, DDS, PA      PTD      10/05/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date