

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:45**

DOCUMENT # F76396

(3)

1. Corporation Name

P. KENNETH NEWMAN, M.D., P.A.

Principal Place of Business

**205 S OSCEOLA AVE
IVERNESS FL 34452
US**

Mailing Address

**205 S OSCEOLA AVE
IVERNESS FL 34452
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/15/1982

3a. Date of Last Report
01/31/1994

4. FEI Number

59-2176922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip

28. Country

9. Name and Address of Current Registered Agent

**NEWMAN, P. KENNETH
205 S OSCEOLA AVE
IVERNESS FL 34452**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
NEWMAN, P. KENNETH
STREET ADDRESS
207 S. CITRUS AVE.
CITY- ST- ZIP
IVERNESS FL

TITLE
VP
NAME
SLEIGHT, ED
STREET ADDRESS
207 S. CITRUS AVE.
CITY- ST- ZIP
IVERNESS FL

TITLE
VP
NAME
ULSETH, ROBERT N.
STREET ADDRESS
207 S. CITRUS AVE.
CITY- ST- ZIP
IVERNESS FL

TITLE
ST
NAME
NEWMAN, P. KENNETH
STREET ADDRESS
207 S. CITRUS AVE.
CITY- ST- ZIP
IVERNESS FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. Kenneth Newman M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
P. KENNETH NEWMAN

3/17/95

904-344-5201

Title

Daytime Phone #