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FILED

Jan 09 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F76396

(3)

1. Corporation Name

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

Principal Place of Business

205 S OSCEOLA AVE  
INVERNESS FL 34452  
US

Mailing Address

205 S OSCEOLA AVE  
INVERNESS FL 34452-4729  
US

3. Date Incorporated or Qualified

04/15/1982

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number

59-2176922

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ULSETH, ROBERT N  
205 S. OSCEOLA AVE.  
INVERNESS 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

Robert Ulseth MD

Robert N Ulseth, MD

1-6-97

Signature of individual provided name of registered agent and title is acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME FLEMING, SANDRA  
STREET ADDRESS 205 S OSCEOLA AVENUE  
CITY-ST-ZIP INVERNESS FL 34452TITLE T  
NAME MORRIS, LLOYD  
STREET ADDRESS 205 S OSCEOLA AVENUE  
CITY-ST-ZIP INVERNESS FL 34452TITLE P  
NAME ULSETH, ROBERT N  
STREET ADDRESS 205 S OSCEOLA AVENUE  
CITY-ST-ZIP INVERNESS FL 34452TITLE S  
NAME PONTE, ROBERT A  
STREET ADDRESS 205 S OSCEOLA AVENUE  
CITY-ST-ZIP INVERNESS FL 34452TITLE V  
NAME REICHBACH, JAY  
STREET ADDRESS 205 S OSCEOLA AVENUE  
CITY-ST-ZIP INVERNESS FL 34452TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Ulseth MD

1-6-97

352344-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)