2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76396 1. Entity Name P. KENNETH NEWMAN, M.D., P.A.					FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90011 019 ***150.00		
Principal Place 205 S OSCEOL INVERNESS FL US	A AVE	Mailing Address 205 S OSCEOLA AVE INVERNESS FL 34452-4729 US			01-29-2000 900		H B († 123)
2. Principal P		3. Mailing Address O B O Suite, Apt. #, etc.	> 0 BOX 2499		DO NOT WRITE IN THIS SPACE		
City & State	<u>у</u> М .	City & State Two ernes	Country A		FEI Number 59-2176922	<u> </u>	ied For Applicable onal
3445	6. Name and Address of Current R		USA		Certificate of Status Desired Name and Address of New Re	Fee Required	5.14.
205	eth, robert n 3. Osceola av e. Frness fl 34452		Street A City	ddress (P.O.	Box Number is Not Acceptable)	FL Zip Code	
SIGNATURE _ 9. This corpo Tax filing n	named entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.		rgistered Agent signate FEE IS \$150.4 Fee will be \$5	ure required when		DATE \$5.00	
11.	OFFICERS AND E	Delete	12.		ADDITIONS/CHANGES TO OFFI		IN:1:1— ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MORRIS, LLOYD 205 S OSCEOLA AVENUE INVERNESS FL 34452	. Logiele	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULSETH, ROBERT N 205 S OSCEOLA AVENUE INVERNESS FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1907 Fw.	+5+4 PP PMH	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOWAK, SUZANNE M 205 S OSCEOLA AVE INVERNESS FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1907 Fw	Hwy 44 West 17 , 4453	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REICHBACH, JAY 205 S OSCEOLA AVENUE INVERNESS FL 34452	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1907 Two	Hwy 44, West	X I Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporation or on an attachment with an address, we can be considered to the construction of the cons	true and accurate and that my s vered to execute this report as	signature shall b	ave the sam	e legal effect as if made under o	ath: that I am an officer of	director