2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F76396

Entity Name: P. KENNETH NEWMAN, M.D., P.A.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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131 SOUTH CITRIS AVE 131 SOUTH CITRUS AVENUE INVERNESS, FL 34452 US SUITE 2 POD 4

INVERNESS, FL 34452 US

Current Mailing Address: New Mailing Address:

PO BOX 2499

INVERNESS, FL 34452 US

FEI Number: 59-2176922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MILLER, MARCI A

131 SOUTH CITRIS AVE
INVERNESS, FL 34452 US

MILLER, MARCI A

131 SOUTH CITRUS AVE
INVERNESS, FL 34452 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: 01/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: REICHBACH, JAY A M.D Name:

Address: 131 SOUTH CITRUS AVENUE SUITE 2 POD 4 Address: City-St-Zip: INVERNESS, FL 34452 City-St-Zip:

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

Name: FAZAL, ZULIQUAR M.D. Name: FAZAL, ZULFIQAR M.D.

Address: 131 SOUTH CITRUS AVENUE SUITE 2 POD 4 Address: 131 SOUTH CITRUS AVENUE SUITE 2 POD 4

City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34452

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARCI A. MILLER RA 01/19/2006