

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90080 038 ***150.00

DOCUMENT # F76396

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



Principal Place of Business
~~1907 HWY 44 WEST~~
INVERNESS FL 34453
US

Mailing Address
PO BOX 2499
INVERNESS FL 34452
US

2. Principal Place of Business
131 South Citrus Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Inverness FL

City & State

4. FEI Number **59-2176922**

Applied For
Not Applicable

Zip
34452

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULSETH, ROBERT N
~~1907 HWY 44 WEST~~
INVERNESS FL 34453

Name

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

131 South Citrus Avenue

City
Inverness

FL

Zip Code
34452

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert N Ulsesh MD

1-21-03

Signature, typed or printed name of registered agent and title if applicable. **Robert N Ulsesh MD** (NOTE: Registered Agent Signature Required when Constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ULSETH, ROBERT N**
STREET ADDRESS **1907 HWY 44 WEST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **REICHBACH, JAY**
STREET ADDRESS **1907 HWY 44 WEST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert N Ulsesh MD

1-21-03

352344-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)