

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0513294 AV

04-16-2003 90284 027 ***150.00

DOCUMENT # G07082

1. Entity Name
DOUGLAS A. NEWLAND, M.D., P.A.



Principal Place of Business
% DOUGLAS A. NEWLAND
2780 CLEVELAND AVENUE, STE 805
FORT MYERS FL 33901
US

Mailing Address
% DOUGLAS A. NEWLAND
2780 CLEVELAND AVENUE, STE 805
FORT MYERS FL 33901
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Ste 810

Suite, Apt. #, etc.
Ste 810

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2230041**

Applied For
Not Applicable

Zip 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

NEWLAND, DOUGLAS A.
2780 CLEVELAND AVE
SUITE 805
FORT MYERS FL 33901

Name
Street Address (P.O. Box Number is Not Acceptable)
2780 Cleveland Ave, Ste 810
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **DP** ☐ Delete
NAME **NEWLAND, DOUGLAS A**
STREET ADDRESS **2780 CLEVELAND AVE., SUITE 805**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2780 Cleveland Ave, Ste 810**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **DOUGLAS A. NEWLAND**

(239) 337-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)