

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H28553** (6)
1. Corporation Name
**FREDRICK NEWTON, DOCTOR OF DENTAL SURGERY PROFES
SIONAL ASSOCIATION**

Principal Place of Business	Mailing Address
1180 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208	1180 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208-6402

3. Date Incorporated or Qualified 11/02/1984	3a. Date of Last Report 07/05/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2470441	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**JOHNSON, FORREST B.
255 LIBERTY ST
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, FREDERICK DDS	1.2 NAME	
STREET ADDRESS	1190 WEST EDGEWOOD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	SDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, FREDERICK DDS	2.2 NAME	
STREET ADDRESS	1190 WEST EDGEWOOD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	M <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, FREDRICK DDS	3.2 NAME	
STREET ADDRESS	1190 WEST EDGEWOOD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick Newton 4/16/97 904-7654406

CR2E034 (9/96)