FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 ... -1 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H63885** **(8)**

1. Corporation Name

NEWTON, WILKERSON & GREENBERG, M.D.'S, P.A.

Principal Place of Business: 1919 SWANN AVE, TAMPA FL 33606

Mailing Address: 1919 SWANN AVE, TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1985
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-2558413 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. ... Florida Statutes ☐ Yes ☐ No

2. Principal Office 21 / 2a. Mailing Address 26
22 Suite, Apt. # etc. / 27 Suite, Apt. # etc.
23 City & State / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

STEVEN M. SAMAHA
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

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 ________

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENBERG, STEVEN L.
STREET ADDRESS	1919 SWANN AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	ST
NAME	NEWTON, WILLIAM A.
STREET ADDRESS	1919 SWANN AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 or is supplemented on an attached form with an address.

SIGNATURE: Steven Greenberg [signature] 1/23/95 813 25_ 4425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP