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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M12016** **(5)**

1. Corporation Name
HOWARD L. NEWMAN, D.C., P.A.

Principal Place of Business	Mailing Address
C/O HOWARD L. NEWMAN 5269 COCONUT CREEK PARKWAY MARGATE FL 33063	C/O HOWARD L. NEWMAN 5269 COCONUT CREEK PARKWAY MARGATE FL 33063-3916

3. Date Incorporated or Qualified: 02/28/1985
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 6263 West Sample Rd.
22 Suite, Apt. #, etc
23 City & State: Coral Springs, Fl.
24 Zip: 33067-3175 25 County

2a. Mailing Address
26 6263 West Sample Rd
27 Suite, Apt. #, etc
28 City & State: Coral Springs, Fl
29 Zip: 33067-3175 30 Country

4. FEI Number: 65-0094898 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
NEWMAN, HOWARD L.
5269 COCONUT CREEK PARKWAY
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6263 West Sample Road
83
84 City: Coral Springs **FL** 85 Zip Code: 33067-3175

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 _____ (NOTE: Registered Agent's signature required when not listed) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, HOWARD L.	1.2 NAME	
STREET ADDRESS	~~5269 COCONUT CREEK PKWY~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MARGATE FL~~	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Newman, Howard L.	2.2 NAME	
STREET ADDRESS	6263 West Sample Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Fl 33067-3175	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ 3/18/97 _____ 305-974-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0146191