

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M62597

FILED  
Feb 08, 2012  
Secretary of State

Entity Name: JACK I. NEWCOMER, M.D., P.A.

**Current Principal Place of Business:**

3347 STATE ROAD 7  
200  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 210363  
WEST PALM BEACH, FL 33421

**New Mailing Address:**

FEI Number: 65-0027822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWCOMER, JACK I PRES  
3347 STATE ROAD 7  
200  
WELLINGTON, FL 33421 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: NEWCOMER, JACK I M.D.  
Address: 3347 STATE ROAD 7 STE 200  
City-St-Zip: WELLINGTON, FL 33449

Title: DV  
Name: GONZALEZ, MARGARITA  
Address: 3347 STATE ROAD 7 STE 200  
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACK I NEWCOMER

DP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date