

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077714

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** MICHAEL N. NEWTON MD, PA

**Current Principal Place of Business:**

14523 BRUCE B DOWNS BLVD.  
401  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14523 BRUCE B DOWNS BLVD.  
401  
TAMPA, FL 33613

**New Mailing Address:**

P O BOX 46056  
TAMPA, FL 33647

**FEI Number:** 04-3766017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, MICHAEL N MD  
9217 HIGHLAND RIDGE WAY  
TAMPA, FL 33647 US

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

NEWTON, MICHAEL N MD  
P O BOX 46056  
TAMPA, FL 33647 US

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:** MICHAEL N NEWTON

02/16/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** NEWTON, MICHAEL N MD  
**Address:** 9217 HIGHLAND RIDGE WAY  
**City-St-Zip:** TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** NEWTON, MICHAEL N MD  
**Address:** P O BOX 46056  
**City-St-Zip:** TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** MICHAEL N NEWTON

PD

02/16/2005

Electronic Signature of Signing Officer or Director

Date