

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077714

Entity Name: MICHAEL N. NEWTON MD, PA

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

14523 BRUCE B DOWNS BLVD.
401
TAMPA, FL 33613

New Principal Place of Business:

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 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