2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008
Secretary of State

DOCUMENT# P03000077714

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:

P O BOX 46056
TAMPA, FL 33647

New Mailing Address:

P O BOX 46056
TAMPA, FL 33646

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
14523 BRUCE B DOWNS BLVD
SUITE 401
TAMPA, FL 33613 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEWTON, MICHAEL N MD
Address: P O BOX 46056
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 33646

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 06/02/2008

Electronic Signature of Signing Officer or Director Date