


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000009228	
1. Entity Name FREDRICK NEWTON, DOCTOR OF DENTAL SURGERY PROFESSIONAL ASSOCIATION	

Principal Place of Business 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208	Mailing Address 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2470441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWTON, FREDERICK 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when joint filing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVT NEWTON, FREDERICK DDS 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000952249 06/04/08-80073-003 550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEWTON, FREDERICK DDS 1190 W EDGEWOOD AVE STE C JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR