

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000009228

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** FREDRICK NEWTON, DOCTOR OF DENTAL SURGERY PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1190 W EDGEWOOD AVE STE C  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1190 W EDGEWOOD AVE STE C  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-2470441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWTON, FREDERICK  
1190 W EDGEWOOD AVE STE C  
JACKSONVILLE, FL 32208 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: DPVT  
Name: NEWTON, FREDRICK DDS  
Address: 1190 W EDGEWOOD AVE STE C  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S  
Name: NEWTON, FREDERICK DDS  
Address: 1190 W EDGEWOOD AVE STE C  
City-St-Zip: JACKSONVILLE, FL 32208

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: FREDRICK NEWTON

PRES

05/11/2011

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

\_\_\_\_\_  
Date