2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P07000082237

Entity Name: NEWCARE MEDICAL SERVICES, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

12424 COUNTY ROAD 49
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

12424 COUNTY ROAD 49
LIVE OAK, FL 32060 US

New Mailing Address:

FEI Number: 26-0841132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: NEWMAN, MICHAEL D
Address: 12424 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: TRES
Name: NEWMAN, MICHAEL D
Address: 12424 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: SECT
Name: NEWMAN, ELIZABETH K
Address: 12424 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: DIR
Name: NEWMAN, MICHAEL D
Address: 12424 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

Title: DIR
Name: NEWMAN, ELIZABETH K
Address: 12424 COUNTY ROAD 49
City-St-Zip: LIVE OAK, FL 32060 US

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: KATHY NEWMAN SECR 04/29/2010

Electronic Signature of Signing Officer or Director Date