



FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000009470 1. Entity Name NEWMAN COUNSELING ALTERNATIVES, P.A.			
Principal Place of Business 1240 MASON AVENUE DAYTONA BEACH, FL 32117 US		Mailing Address 1240 MASON AVENUE DAYTONA BEACH, FL 32117 US	
DO NOT WRITE IN THIS SPACE			
		03242008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3223951	
		Applied For <input checked="" 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			
SHARE, FRED B 1092 RIDGEWOOD AVE. HOLLY HILL, FL		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NEWMAN, THOMAS W 1240 MASON AVENUE DAYTONA BEACH, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D NEWMAN, CINDY G 1240 MASON AVENUE DAYTONA BEACH, FL 32117	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DO NOT WRITE IN THIS SPACE 0000000371051 04/09/08-80115-010 150.00 3-24-08 386-253-4559	