

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91510 010 ***150.00

DOCUMENT # P95000020475

1. Entity Name

NEWMAN OB/GYN GROUP, P.A.

Principal Place of Business

**521 STATE ROAD 434 WEST
 SUITE 200
 LONGWOOD FL 32750-5165**

Mailing Address

**521 STATE ROAD 434 WEST
 SUITE 200
 LONGWOOD FL 32750-5165**

2. Principal Place of Business

3. Mailing Address

901 Douglas Ave.

901 Douglas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 205

Ste 205

City & State

City & State

Altamonte Springs, FL

Altamonte Springs FL

Zip

Zip

32714

Country

Country

USA

32714

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3327388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, WILLIE B M.D.

**521 STATE ROAD 434 WEST
 SUITE 200
 LONGWOOD FL 32750-5165**

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.

SIGNATURE

Willie B. Newman

Willie B Newman, MD President/Director 9/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, WILLIE B. M.D.	
STREET ADDRESS	521 STATE ROAD 434 WEST, SUITE 200	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	901 Douglas Ave Ste 205	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Willie B. Newman **Willie B. Newman, MD, President/Director 9/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)