

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90390 008 \*\*\*150.00

**DOCUMENT # P98000101165**

1. Entity Name  
**THE DOCTOR NEWLAND CORPORATION**

Principal Place of Business  
**2780 CLEVELAND AVE.  
 FORT MYERS FL 33901-5857**

Mailing Address  
**2780 CLEVELAND AVE.  
 FORT MYERS FL 33901-5858**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0920711**

Applied For  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**BROCKETT, SANDRA  
 2780 CLEVELAND AVE.  
 FORT MYERS FL 33901-5857**

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.

SIGNATURE \_\_\_\_\_ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWLAND, DOUGLAS A M.D. 2780 CLEVELAND AVE. FORT MYERS FL 33901-5857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: *Douglas A Newland* **DOUGLAS NEWLAND MD** 4/24/01 (941) 337-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #