

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 11:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S21976

(3)

1. Corporation Name

DAVID P. NEWMAN, D.C., P.A.

Principal Place of Business

**2750 CORAL WAY
SUITE 201
MIAMI FL 33145**

Mailing Address

**2750 CORAL WAY 2470 TRAPP AVE
SUITE 201
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0239897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 6262 SUNSET DRIVE

2a. Mailing Address

26 2470 TRAPP AVE

Suite, Apt. #, etc.

22 SUITE 408

Suite, Apt. #, etc.

27 ~~MIAMI~~

City & State

23 SO. MIAMI, FLA.

City & State

28 MIAMI, FLA.

Zip

24 33143

Country

25 U.S.A.

Zip

29 33133

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**NEWMAN, DAVID P.
2470 TRAPP AVE.
MIAMI FL 33133**

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, DAVID P.
STREET ADDRESS	2470 TRAPP AVE
CITY, ST, ZIP	MIAMI FL
TITLE	ST
NAME	NEWMAN, DAVID P.
STREET ADDRESS	2470 TRAPP AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/95 305
866-5131**