

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J95186

**Entity Name:** IDELLE B. NEWBURGE, P.A.

**Current Principal Place of Business:**

C.O.P.E.-IDELLE B NEWBURGE  
7390 NW 5TH ST. SUITE 5  
PLANTATION, FL 33317

**FILED**  
**Apr 08, 2014**  
**Secretary of State**  
**CC1687887615**

**Current Mailing Address:**

IDELLE B. NEWBURGE  
6069 GLENDALE DR.  
BOCA RATON, FL 33433 US

**FEI Number:** 65-0007429

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEWBURGE, IDELLE B  
6069 GLENDALE DR.  
BOCA RATON, FL 33433 US

*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

**Officer/Director Detail :**

Title DP  
Name NEWBURGE, IDELLE B.  
Address 6069 GLENDALE DR.  
City-State-Zip: BOCA RATON FL 33433

*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:** IDELLE \_\_\_\_\_

04/08/2014

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date