

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 680720

(0)

1. Corporation Name

WRIGHT AND CARTWRIGHT, M.D., P.A.



Principal Place of Business

2725 S.E. MARICAMP ROAD
C/O GARY M. WRIGHT
OCALA FL 34471
US

Mailing Address

2725 S.E. MARICAMP ROAD
C/O GARY M. WRIGHT
OCALA FL 34471
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WRIGHT, GARY M.
2725 S.E. MARICAMP ROAD
OCALA FL 32671

3. Date Incorporated or Qualified
08/01/1980

3a. Date of Last Report
04/26/1995

4. FEI Number
59-2012144

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New 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 of typed or printed name of registered agent and the if applicable

Signature of Registered Agent's signature required when not a director

DATE

12. OFFICERS AND DIRECTORS

11 TITLE DP ☐ DELETE

NAME WRIGHT, GARY M.
STREET ADDRESS 2725 S.E. MARICAMP RD
CITY- ST- ZIP Ocala FL

12 TITLE TD ☐ DELETE

NAME CARTWRIGHT, THOMAS, H
STREET ADDRESS 2725 SE MARICAMP RD.
CITY- ST- ZIP Ocala FL

13 TITLE ☐ DELETE

NAME
STREET ADDRESS

14 TITLE ☐ DELETE

NAME
STREET ADDRESS

15 TITLE ☐ DELETE

NAME
STREET ADDRESS

16 TITLE ☐ DELETE

NAME
STREET ADDRESS

17 TITLE ☐ DELETE

NAME
STREET ADDRESS

18 TITLE ☐ DELETE

NAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

DATE

DATE OF FILING

CR2E034 (12/95)