


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

08-13-2008 90002 050 ***150.00
F06000000517

FILED

08 AUG 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000000517 1. Entity Name BRIAN J. INGLERIGHT, D.O., INC.	
---	---

Principal Place of Business 14540 CORTEZ BLVD STE 104 BROOKSVILLE, FL 34613	Mailing Address 14540 CORTEZ BLVD STE 104 BROOKSVILLE, FL 34613
--	--

DO NOT WRITE IN THIS SPACE



08082008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2200613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INGLERIGHT, BRIAN J D.O.
14540 CORTEZ BLVD
STE 104
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD INGLERIGHT, BRIAN J D.O. 14540 CORTEZ BLVD - STE 104 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/08 440-926-1011
Daytime Phone #

no prior notice. Received by the Secretary