


FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # G47062

1. Entity Name
CLARK J. WRIGHT, D.M.D., P.A.



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Secretary of State

Principal Place of Business
4140 WOODMERE PARK BLVD, #1
VENICE FL 34293

Mailing Address
4140 WOODMERE PARK BLVD, #1
VENICE FL 34293

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
59-2295005

Applied For
Not Applicable

5. Certificate of Status Desired

1st MOORE CR2E034 (10/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, CLARK J
4140 WOODMERE PARK BLVD
SUITE 1
VENICE FL 34293

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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. I am familiar with, and accept, the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS
TITLE PS
NAME WRIGHT, CLARK J
STREET ADDRESS 4140 WOODMERE PARK BLVD #1
CITY ST ZIP VENICE FL
TITLE T
NAME WRIGHT, CLARK J
STREET ADDRESS 4140 WOODMERE PARK BLVD #1
CITY ST ZIP VENICE FL
TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
U00000629156
02/16/07-80046-011 150.00
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CLARK J. WRIGHT DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date