

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000012812**

1. Entity Name  
VICTOR J. WRIGHT, DPM, PLC



Principal Place of Business  
PO BOX 930  
BARTOW, FL 33831-0930

Mailing Address  
PO BOX 930  
BARTOW, FL 33831-0930

**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
59-2628751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WRIGHT, VICTOR J DPM  
510 W. MAIN STREET  
BARTOW, FL 33830

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000943842  
05/29/08-80076-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WRIGHT, VICTOR J DPM  
510 W. MAIN STREET  
BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Victor J. Wright, DPM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-30-08*  
Date

Daytime Phone #