

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000013317

1. Entity Name
ADAM S. BRIGHT, MD, PA



FILED

06 MAR 23 PM 4: 54

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4937 CLARK RD
SARASOTA, FL 34233

Mailing Address
P.O. BOX 21689
SARASOTA, FL 34276



03132006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0977742

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. Principal Place of Business

2822 Proctor Road

Suite, Apt. #, etc.

Suite A

City & State

Sarasota FL

Zip

34231

Country

USA

3. Mailing Address

2822 Proctor Road

Suite, Apt. #, etc.

Suite A

City & State

Sarasota FL

Zip

34231

Country

USA

6. Name and Address of Current Registered Agent

BRIGHT, ADAM S MD
4837 CLARK RD
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2822 Proctor Road, Suite A

City

Sarasota

FL

Zip Code

34231

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

Adam S. Bright

3/17/16

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRIGHT, ADAM S MD	
STREET ADDRESS	4937 CLARK RD	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASKINS, ROLAND V MMD	
STREET ADDRESS	4337 CLARK RD.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOFIELD, BRIAN A MD	
STREET ADDRESS	4337 CLARK RD.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2822 Proctor Rd., Suite A	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100069049151	
STREET ADDRESS	03/30/06--01037--003 **61.25	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2822 Proctor Rd., Suite A	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam S. Bright

Date

Daytime Phone #

3/17/16 941-993-4405