

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 023 ***150.00

DOCUMENT # P93000020688

1. Entity Name
WRIGHT CENTER OF NEUROMUSCULAR THERAPY, INC.

Principal Place of Business
~~9088 GOLFSIDE DR.~~
~~JACKSONVILLE FL 32256~~
9424 Baymeadows Rd, Suite 200
Jacksonville FL 32256

Mailing Address
~~9088 GOLFSIDE DR.~~
~~JACKSONVILLE FL 32256~~

2. Principal Place of Business
9424 Baymeadows Rd.
Suite, Apt. #, etc. Suite 200

3. Mailing Address
← SAME
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

4. FEI Number **59-3168920**

Applied For
Not Applicable

Zip **32256** **Country** **Duval**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, KYLE C
~~9088 GOLFSIDE DR.~~ **9424 Baymeadows Rd**
~~JACKSONVILLE FL 32256~~ **Ste. 200**

Name

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

City

FL

Zip 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WRIGHT, KYLE C	
STREET ADDRESS	9088 GOLFSIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, EDNA C	
STREET ADDRESS	9088 GOLFSIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 448-9448

CR2E034 (9/01)