2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P97000058028

Entity Name: GARY WRIGHT, M.D., P.A.

Current Principal Place of Business:

2500 HARBOUR BLVD
PORT CHARLOTTW, FL 33954

New Principal Place of Business:

275 GEORGE RD
PORT CHARLOTTE, FL 33952

Current Mailing Address:

275 GEORGE RD SE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0768029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, GARY
275 GEORGE RD SE
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WRIGHT, II, GARY NORMAN M.D.
Address: 275 GEORGE RD
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY N. WRIGHT M.D. DIRE 04/23/2008

Electronic Signature of Signing Officer or Director Date