

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058028

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

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

275 GEORGE RD  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**  
  
1723 SEAFAN CIR  
NORTH FORT MYERS, FL 33903

**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:**

WRIGHT, GARY  
1723 SEAFAN CIR  
NORTH FORT MYERS, FL 33903 US

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: GARY WRIGHT

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: WRIGHT, II, GARY NORMAN M.D.  
Address: 1723 SEAFAN CIRCLE  
City-St-Zip: N. FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: GARY WRIGHT

DR

02/25/2011

Electronic Signature of Signing Officer or Director

Date