

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019503

FILED  
Mar 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

30 DEL PRADO BLVD, N  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

30 DEL PRADO BLVD, N  
CAPE CORAL, FL 33909

**New Mailing Address:**

FEI Number: 65-0817061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANEWINCKEL, DEAN  
2800 PLACIDA ROAD  
STE. 110  
ENGLEWOOD, FL 34224 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: DR ( ) Delete  
Name: WRIGHT, SUSAN  
Address: 275 GEORGE ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: WRIGHT, SUSAN  
Address: 1723 SEAFAN CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DR. SUSAN WRIGHT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DR.

03/30/2009

\_\_\_\_\_ Date