

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90299 036 ***150.00

DOCUMENT # P99000053818

1. Entity Name
NANCY M. WRIGHT, M.D., P.A.



Principal Place of Business
**1628 N. PLAZA DRIVE
TALLAHASSEE FL 32308**

Mailing Address
**1628 N. PLAZA DRIVE
TALLAHASSEE FL 32308**

00007013



2. Principal Place of Business
1804 Miccosukee Commons

3. Mailing Address
1804 Miccosukee Commons

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.
Suite 210

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32308 Country
USA

Zip
32308 Country
USA

4. FEI Number
59-3581742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, NANCY M M.D.
1634 N. PLAZA DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
Nancy M Wright, MD
Street Address (P.O. Box Number, is Not Acceptable)
1804 Miccosukee Commons Dr
Suite 210
City
Tallahassee FL Zip Code
32308

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WRIGHT, NANCY M
1634 N PLAZA DR
TALLAHASSEE FL 32308** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

CR2E034 (10/02)