

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S99396

1. Entity Name
SOUTHEASTERN SCHOOL OF NEUROMUSCULAR AND
MASSAGE THERAPY, INC.



Principal Place of Business

9424 BAYMEADOWS RD #200
JACKSONVILLE, FL 32256

Mailing Address

9424 BAYMEADOWS RD #200
JACKSONVILLE, FL 32256



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3117906

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, RICHARD L.
9424 BAYMEADOWS RD #200
JACKSONVILLE, FL 32256

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IN THIS SPACE

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, KYLE C.
STREET ADDRESS 9424 BAYMEADOWS RD #200
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VD
NAME THOMPSON, PAUL H.
STREET ADDRESS 9424 BAYMEADOWS RD #200
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE STD
NAME MILLER, RICHARD L.
STREET ADDRESS 9424 BAYMEADOWS RD #200
CITY-ST-ZIP JACKSONVILLE, FL 32256

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05/05/04-80041-004 150.00

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

Daytime Phone #