

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

100  
**FILED** 1-4/6  
**Apr 15, 2005 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**



01042005 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**

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000308350  
04/15/05-80087-018 150.00

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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

Date

Daytime Phone #

4-12-05