

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90033 047 \*\*\*150.00

**DOCUMENT # S99396**

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

Principal Place of Business  
**9088 GOLFSIDE DRIVE  
JACKSONVILLE, FL 32256**

Mailing Address  
**9088 GOLFSIDE DRIVE  
JACKSONVILLE, FL 32256**

2. Principal Place of Business  
**9424 BAYMEADOWS RD.**

3. Mailing Address  
**9424 BAYMEADOWS RD.**

Suite, Apt. #, etc.  
**#200**

Suite, Apt. #, etc.  
**#200**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

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.  
9088 GOLFSIDE DRIVE  
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9424 BAYMEADOWS RD. #200**

**CITY JACKSONVILLE**

**FL**

Zip Code  
**32256**

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 resigning)

DATE

**FILE NOW WITH FEES \$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  
**PD  
WRIGHT, KYLE C.  
9088 GOLFSIDE DR  
JACKSONVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
THOMPSON, PAUL H.  
9088 GOLFSIDE DR  
JACKSONVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MILLER, RICHARD L.  
9088 GOLFSIDE DRIVE  
JACKSONVILLE, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9424 BAYMEADOWS RD., #200  
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9424 BAYMEADOWS RD., #200  
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9424 BAYMEADOWS RD., #200  
JACKSONVILLE, FL 32256** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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 attachment with an address, with all other like empowered.

SIGNATURE: **John P. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)