


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 691673
1. Entity Name
BRIANT G. MOYLES, D.P.M., P.A.



Principal Place of Business
211 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

Mailing Address
211 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2091713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FRESE, GARY B., ESQUIRE
930 SOUTH HARBOR CITY BOULEVARD
#505
MELBOURNE, FL 32901

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000690570
04/11/07-80079-021 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DPT |
| NAME | MOYLES, BRIANT G |
| STREET ADDRESS | 211 E NEW HAVEN AVE |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | DVS |
| NAME | WILSON, RICHARD C. |
| STREET ADDRESS | 211 E NEW HAVEN AVENUE |
| CITY-ST-ZIP | MELBOURNE, FL 32901 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____