

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 497334 (3)

1. Corporation Name

ALFRED L. MOORE, M.D., P.A.



Principal Place of Business

3095 N COURES DR APT 1007
POMPANO BCH FL 33069

Mailing Address

3095 N COURES DR APT 1007
POMPANO BCH FL 33069-3368
US

3. Date Incorporated or Qualified
02/24/1976

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MOORE, ALFRED L
3095 N COURSE DR
POMPANO BCH FL 33069

SUITE 1007

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if changing registered agent)

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	MOORE, ALFRED L	
STREET ADDRESS	3095 N COURSE DR	
CITY-STATE-ZIP	POMPANO BCH, FL 00000	
TITLE	PD	☐ DELETE
NAME	MOORE, ALFRED L	
STREET ADDRESS	3095 N COURSE DR	
CITY-STATE-ZIP	POMPANO BCH, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ALFRED L. MOORE M.D. P.A. Pres.
ALFRED L. MOORE M.D. P.A. Pres.

1/18/96

Date

974-972-8454

Day/Evening Phone

CR2E034 (12/95)