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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **538902** **(8)**

1. Corporation Name
THOMAS H. MOORE, M.D., P.A.

Principal Place of Business	Mailing Address
6608 N W 9TH BLVD GAINESVILLE FL 32605	6608 N W 9TH BLVD GAINESVILLE FL 32605-4207

3. Date Incorporated or Qualified: 07/08/1977
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6525 S.W. 37th Way
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip 24 32608 Country 25

2a. Mailing Address
26 6525 S.W. 37th Way
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32608 Country 30

4. FEI Number: 59-1753671 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, THOMAS H
6608 N W 9TH BLVD
GAINESVILLE, FL
32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6525 S.W. 37th Way
83
84 City: Gainesville FL 85 Zip Code: 32608

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PARR, PHILLIP L		1.2 NAME		
STREET ADDRESS	6608 NW 9TH BLVD		1.3 STREET ADDRESS	6900 N.W. 9th Blvd., Suite B	
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, THOMAS H		2.2 NAME		
STREET ADDRESS	6608 NW 9TH BLVD		2.3 STREET ADDRESS	6525 S.W. 37th Way	
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Thomas H. Moore Thomas H. Moore, M.D. (352)331-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058491