

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 691673

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** BRIANT G. MOYLES, D.P.M., P.A.

**Current Principal Place of Business:**

211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

211 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-2091713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRESE, GARY B ESQ  
2200 FRONT STREET  
SUITE 301  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MOYLES, BRIANT G  
Address: 211 E NEW HAVEN AVE  
City-St-Zip: MELBOURNE, FL 32901

Title: DVS  
Name: WILSON, RICHARD C  
Address: 211 E NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIANT G. MOYLES

PRES

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date