

# FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90049 007 \*\*\*150.00

**DOCUMENT # F78261**

1. Entity Name

BENJAMIN E. MOORE, M.D., P.A.



Principal Place of Business

1801 BARRS ST., SUITE 805  
JACKSONVILLE FL 32204

Mailing Address

1801 BARRS ST., SUITE 805  
JACKSONVILLE FL 32204

2. Principal Place of Business

1801 Barrs St., Ste. 925

3. Mailing Address

1801 Barrs St., Ste. 925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number

59-2189735

Applied For

Not Applicable

Zip  
32204

Country  
U. S.

Zip  
32204

Country  
U. S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

MOORE, BENJAMIN E. M.D.  
1801 BARRS ST., SUITE 805  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Benjamin E. Moore, M.D.

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

1801 Barrs Street, Suite 925

City

Jacksonville,

FL

Zip Code  
32204

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 MOORE, BENJAMIN E., M.D. 1801 BARRS ST., SUITE 805 JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, BENJAMIN E., M. D. 1801 BARRS ST., SUITE 925 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BENJAMIN E. MOORE, M.D.**  
DIPLOMATE OF AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

Electroencephalography  
Electromyography  
Telephone (904) 387-6116  
Fax (904) 387-6118

ATTACHMENT

DePaul Professional Building  
1801 Barrs St., Suite 925  
Jacksonville, Florida 32204

July 18, 2005

50058044  
# F78261

Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, FL 32314

Re: 2005 For Profit Corporation Annual Report Form

To Whom It May Concern:

We received our 2005 For Profit Corporation Annual Report form in the mail today. I called your office and questioned why we were receiving this so late and the lady informed us that a postcard type notice had been mailed out several months ago. I told her that we never received anything regarding this until today. I also asked her which address it was sent to because we moved office recently to the same mailing address but a new suite number (Suite 925). She said that is probably why we didn't receive the first notice.

Nevertheless, she said to go ahead and send this letter explaining what had happened along with our regular payment of \$150.00 and that we would not be charged the late fee amount. Please call our office if you have any further questions regarding this at (904)387-6116. Also, please make sure you update our record to reflect the new mailing address listed above.

Sincerely,



Julie Goodman  
Office Manager

jg