2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# F78261

Entity Name: BENJAMIN E. MOORE, M.D., P.A.

Current Principal Place of Business:

1801 BARRS ST., SUITE 925
JACKSONVILLE, FL 32204

New Principal Place of Business:

2 SHIRCLIFF WAY, SUITE 925
JACKSONVILLE, FL 32204

Current Mailing Address:

1801 BARRS ST., SUITE 925
JACKSONVILLE, FL 32204

New Mailing Address:

2 SHIRCLIFF WAY, SUITE 925
JACKSONVILLE, FL 32204

FEI Number: 59-2189735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, BENJAMIN E. M.D.
1801 BARRS ST., SUITE 925
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

MOORE, BENJAMIN E. M.D.
2 SHIRCLIFF WAY, SUITE 925
JACKSONVILLE, FL 32204 US

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: BENJAMIN E MOORE MD 02/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOORE, BENJAMIN E., M.D.
Address: 1801 BARRS ST, SUITE 925
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: MOORE, BENJAMIN E., M.D.
Address: 2 SHIRCLIFF WAY, SUITE 925
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BENJAMIN E MOORE MD MD 02/13/2009
Electronic Signature of Signing Officer or Director Date