

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED

95 JUN 29 PM 1:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G17824 (5)
 1. Corporation Name
VALERIE CRANDALL MOORE, M.D., P.A.

Principal Place of Business 3900 BROADWAY, SUITE 14 FORT MYERS FL 33901	Mailing Address 3900 BROADWAY, SUITE 14 FORT MYERS FL 33901
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 3900 Broadway Suite, Apt. #, etc. 22 Suite 14 City & State 23 Ft. Myers	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Lee	3. Date Incorporated or Qualified 01/01/1983	3a. Date of Last Report 03/11/1994
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4. FEI Number 59-2245326	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 198 (19) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HINES, JAMES P.
315 HYDE PARK AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name JACKSON, JERRY L.	
82 Street Address (P.O. Box Number is Not Acceptable) 2160 Treehaven Cir	
83	
84 City Ft. Myers	85 Zip Code FL 33907

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 Jerry L. Jackson (Signature, typed or printed name of registered agent and the if applicable) DATE 6-25-95
 (NOTE: Registered Agent signature is required when filing this form.)

12. OFFICERS AND DIRECTORS	
TITLE D	MOORE, VALERIE CRANDALL
NAME	3900 BROADWAY, SUITE 14
STREET ADDRESS	FORT MYERS FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME D. CRANDALL, Valerie	
1.3 STREET ADDRESS 3900 Broadway, Suite 14	
1.4 CITY - ST - ZIP Ft. Myers, FL 33901	
2.1 TITLE D. Sec/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME JACKSON, Jerry L.	
2.3 STREET ADDRESS 2160 Treehaven Cir	
2.4 CITY - ST - ZIP Ft. Myers, FL 33907	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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: Jerry L. Jackson DATE: 6-25-95 9/11
 939-6155
 10105600 CP

CR2E034 (3/95)