

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000114652

Entity Name: DON MOORE LCSW, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2699 STIRLING RD, SUITE #C403A  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2699 STIRLING RD, SUITE #C403A  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-1063004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, DON  
2699 STIRLING RD, SUITE #C403A  
FT LAUDERDALE, FL 33312 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: PD  
Name: MOORE, DON  
Address: 11828 SW 42ND CT  
City-St-Zip: DAVIE, FL 33330

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: DON MOORE

PD

04/20/2012

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

\_\_\_\_\_  
Date