## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000048907

Entity Name: PAUL A, MOIR, M.D., P.A.

Apr 23, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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917 N. FIRST ST. **UNIT 703** JACKSONVILLE BEACH, FL 32250

**Current Mailing Address: New Mailing Address:** 

917 N. FIRST ST. **UNIT 703** JACKSONVILLE BEACH, FL 32250

FEI Number: 04-3651787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MOIR, PAUL A MD 917 N. FIRST ST. **UNIT 703** JACKSONVILLE BEACH, FL 32250 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

MOIR, PAUL A MD Name: 917 N. FIRST ST. UNIT 703 Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: PAUL MOIR DR 04/23/2011