

FROM : Philip Kreutzer, CPA

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Apr. 27 2005 **FILED** P1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000050987

1. Entity Name

ERIC A. MOORE, M.D., P.A.



Principal Place of Business

1800 MERCY DRIVE
STE 104
ORLANDO, FL 32808

Mailing Address

1800 MERCY DRIVE
STE 104
ORLANDO, FL 32808



04272005

No Chg-P

CR2E034 (10/03)

4. FEI Number

02-0596869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, ERIC A M.D.
1800 MERCY DRIVE STE 104
ORLANDO, FL 32808

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, ERIC A M.D.
STREET ADDRESS	1800 MERCY DRIVE STE 104
CITY- ST- ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/29/05

907-523-3523

Date

Daytime Phone #