FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90045 002 ***150.00

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DOCUMENT #

1. Entity Name

P02000050987
Eric A. Moore, MD, PA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1800 Mercy Drive	1800 Mercy Drive
Suite, Apt. #, etc. Ste. 104	Suite, Apt. #, etc. Ste. 104
City & State Orlando, Fl	City & State Orlando, Fl
Zip 32808 Country USA	Zip 32808 Country USA

4. FEI Number 020596869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Eric A. Moore, MD

Street Address (P.O. Box Number is Not Acceptable): 1800 Mercy Drive Ste. 104

City: Orlando, Fl Zip Code: 32808

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	Eric A. Moore
STREET ADDRESS	1800 Mercy Drive Ste. 104
CITY-ST-ZIP	Orlando, Fl 32808
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

X E A Moore 4/30/03 407-523-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #