


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-28-2004 90001 010 ***150.00

DOCUMENT # P03000009030 1. Entity Name MOORE CORPORATION			
Principal Place of Business 2199 SW GRAY BEAL AVENUE PORT ST LUCIE, FL 34953		Mailing Address 2199 SW GRAY BEAL AVENUE PORT ST LUCIE, FL 34953	
2. Principal Place of Business 5462 STAFFORD CIRCLE		3. Mailing Address 5462 STAFFORD CIRCLE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PALE, FL		City & State PALE, FL	
Zip 32571	Country SANTA ROSA	Zip 32571	Country SANTA ROSA
4. FEI Number 30-0146086		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUANE, MOORE 2199 SW GRAY BEAL AVENUE PORT ST LUCIE, FL 34953		7. Name and Address of New Registered Agent Name DUANE, MOORE Street Address (P.O. Box Number is Not Acceptable) 5462 STAFFORD CIRCLE City PALE FL Zip Code 32571	
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 <u><i>[Signature]</i></u> DATE <u>8/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BETHANY, MOORE 2199 SW GRAY BEAL AVENUE PORT ST LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DUANE, MOORE 2199 SW GRAY BEAL AVENUE PORT ST LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/5/02/</u> <small>Date Daytime Phone #</small>	

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08052004 Chg-P CR2E034 (10/03)

Attachment
54073516

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Villages Internal Medicine and Senior Clinic, PA

Winston E. Evalle, M.D.

Board Certified in Internal Medicine and Geriatrics

3351 Wedgewood Lane The Villages, FL 32162

Phone: (352) 259-0364 Fax: (352) 259-2174

August 8, 2004

ATTN:

Division of Corporation

PO Box 6198

Tallahassee, FL 32314-6198

RE: overpayment of annual report fee

Requesting refund of \$ 403.00 dollars

DOCUMENT # P03000089100

Villages Internal Medicine and Senior Clinic, PA

MAILING ADDRESS: 4755 COUNTY ROAD 121 D

WILDWOOD, FL 34785

Dear sir/madam,

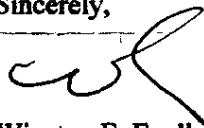
Please be informed that I did not received any correspondence from your office that the fee has been lowered to 150.00 dollars.

I received the postcard from your office regarding annual report reporting of the corporation with an amount due of \$ 550.00 dollars and and voluntary contibution of \$ 5.00 dollars, I erroneously put \$ 8.00 dollars.

The amount paid was \$ 558.00 dollars.

Please review above request.

Sincerely,



Winston E. Evalle, MD

President of the corporation



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2004

MOORE CORPORATION
5462 STAFFORD CIRCLE
PACE, FL 32571

SUBJECT: MOORE CORPORATION
Ref. Number: P03000009030

We have received your document for MOORE CORPORATION; however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

Due to the nature of your letter this department will consider waiving your late fee.

The total amount due to reinstate is \$150.00.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara-Mitchell
Document Specialist

Letter Number: 504A00050787