ANNUAL REPORT (AR) DOCUMENT # P03000075713 t. Entity Name				FILED Mar 20, 2006 08:00 AM Secretary of State
SCOTT G	S. MOORE, M.D., P.A.			
Principal Place of Business 29 CANARY LANE WINCHESTER KY 40391		- Mailing Address 29 CANARY LANE WINCHESTER KY 40391		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apl. #, etc,		_ Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State	,,,	4. FEI Number 20-0150936 Applied For Not Applicat
Zip	Country	Zjp	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
······	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent
912	ERSON, JOHN SOUTH PALM BVLD., S EVILLE FL 32578	ITE. E	Name Street Addre:	ss (P.O. Box Number is Not Acceptable)
·			City	FL Zip Code
	named entity submits this statem ions of registered agent.	ent for the purpose of changing it	s registered office or regit	stered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE .	Signalure typed or printed name of registered	Agent and bits of applicable (NC	TE Registered Agent signature reck	Ired when reinstalling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55 (Payable to Florida Departme	0.00		 B. Election Campaign Financing \$5.00 May Batter Trust Fund Contribution. Added to Fees
t0.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	D MOORE, SCOTT G 7550 HWY. 4	🗖 Delata	TITLE NAME STREET ADORESS	Change Additio
EITY-ST-ZIP	JAY FL 32565 PRES		C)TY-ST-ZIP	<u>03/31/06_80028-011_150_00</u>
MAME STREET ADDRESS CITY-SJ-219	MOORE, SCOTT G 29 CANARY LANE WINCHESTER KY 40391	Delete	TITLE NAME STREED ADDRESS CITY-ST-ZIP	🛄 Change 🔲 Additio
TITLE	Wildliester (14035)	Delete	TNILE	🗌 Change 🔲 Additio
NAME STREET ADDRESS CITY-S7-ZTP		1	NAME STREET ADDRESS CATY - ST - ZTP	
TITLE NAME STREET ADDRESS CITY-ST-ZTP		Delete	117LE NAME STREET ADDRESS C(TY-ST-21P	Change 🛄 Addition
THRE NAME STREET ADDRESS CITY - ST- ZIP		[] Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	🗋 Change 🔲 Addition
THILE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🔲 Addition
indicated of the con	on this report or supplemental rep	on is true and accurate and that i empowered to execute this repo	my signature shall have th rt as required by Chapter	ned in Section 119, Florida Statutes. I further certify that the information resame legal effect as if made under oath, that I em an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11