2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076972

1. Entity Name TERRALL MOORE, D.O., P.A.

Principal Place of Business

1110 TIGER TRACE BLVD GULF BREEZE, FL 32563 Mailing Address

1110 TIGER TRACE BLVD GULF BREEZE, FL 32563

FILED Mar 21, 2007 08:00 AM Secretary of State



DO I	NOT	WRITE	IN	THIS	SPACE
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6. Name and Address of Current Registered Agent

 03152007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 43-2021981
 Applied For Not Applicable

5. Certificate of Status Desired See Required \$8.75 Additional

DO NOT WRITE

MOORE, TERRALL 1110 TIGER TRACE BLVD GULF BREEZE, FL 32563

CITY-ST-ZIP

DO NOT WRITE

	named entity submits this statement for the pions of registered agent.	surpose of changing Its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if	fapplicable. (NOTE: Registered	Agent agniture required when renatating) DATE				
	E NOW!!! FEE 18 \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000674652 03/29/07-80078-007 150.00		
10.	OFFICERS AND DIREC	TORS	<u> </u>		L		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. MOORE, TERRALL 1110 TIGER TRACE BLVD GULF BREEZE, FL 32563						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME Street address City-St-Zip			DO NOT WRITE IN THIS SPACE				
TITLE NAME Street adoress City-St-Zip							
TITLE Name Street address City-St-ZIP							
TITLE Name Street address							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my slignature 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: JULIU MOULE TERRAIL MOULE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

3/15/07

(850) 916-5271

Daytime Phone #