

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90008 013 \*\*\*158.75

**DOCUMENT # P04000010393**

1. Entity Name  
**MOORE ANESTHESIA SERVICES, INC.**



Principal Place of Business  
**14780 ENCLAVE LAKES DRIVE  
#C3  
DELRAY BEACH, FL 33484 US**

Mailing Address  
**14780 ENCLAVE LAKES DRIVE  
#C3  
DELRAY BEACH, FL 33484 US**



01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0534822**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 Melanie J. Moore Melanie J. Moore 2/17/06  
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, 2006 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, MELANIE J
STREET ADDRESS	14780 ENCLAVE LAKES DRIVE, #C3
CITY-ST-ZIP	DELRAY BEACH, FL 33484
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 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 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: Melanie J. Moore Melanie J. Moore 2/17/06 (386)848-3534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40028188

#P04000010393

2/17/06

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

Please note that I would  
like to change the current  
registered agent to:

Melanie J. Moore

14780 Enclave Lakes Dr. #C3

Delray Beach, FL 33484

To clarify: Corporation Service Co. will  
no longer be the registered agent.

Thanks for Your assistance.

Sincerely,

Melanie J. Moore

Melanie J. Moore, President

Moore Anesthesia Services, Inc.

EIN # ~~03-0534800~~ 03-0534800