2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P04000061813

Entity Name: MOORE MEDICAL CORRESPONDENCE, INC.

Current Principal Place of Business:

3838 LAKELAND HILLS BLVD
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 91928
LAKELAND, FL 33804

New Mailing Address:

3838 LAKELAND HILLS BLVD
LAKELAND, FL 33805

FEI Number: 20-1410805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, TIM
1411 BANBURY LOOP N
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOORE, LISA
Address: 1411 BANBURY LOOP N
City-St-Zip: LAKELAND, FL 33809

Title: V ( ) Delete
Name: MOORE, TIM
Address: 1411 BANBURY LOOP N
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MOORE P 03/27/2009

Electronic Signature of Signing Officer or Director Date