

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000061813

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**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:**

3838 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Mailing Address:**

**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:**

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

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: LISA MOORE

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LISA MOORE

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date