

P0600000

39312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

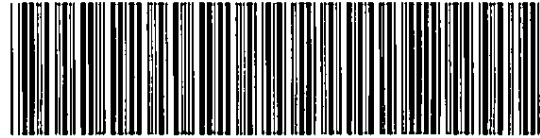
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200350381142

09/11/20--01006--006 \*\*35.00

FILED  
2020 SEP 11 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FL

Ja 10/19/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOORE Clinical Research, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000039312

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Smyth

Name of Contact Person

MOORE Clinical Research, Inc.

Firm/Company

1104 Kyle Wood Lane

Address

Brandon, Florida 33511

City/State and Zip Code

tderogatis@moorecr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Smyth

Name of Contact Person

at ( 813 )

948-7550

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303