

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000104160

**Entity Name:** CHARLES W. MOORE DMD, INC.

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6025 MEMORIAL HIGHWAY  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6025 MEMORIAL HIGHWAY  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 27-5493195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RARDON, LARRY L ESQUIRE  
3918 NORTH HIGHLAND AVENUE  
TAMPA, FL 33603 US

**Name and Address of New Registered Agent:**

JOHNSON, SEAN M  
515 W. BAY ST., STE. 101  
TAMPA, FL 33606 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: SEAN M. JOHNSON

03/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOORE, CHARLES W DMD  
Address: 6025 MEMORIAL HIGHWAY  
City-St-Zip: TAMPA, FL 33615

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: CHARLES W. MOORE

P

03/31/2012

Electronic Signature of Signing Officer or Director

Date