FILED
May 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000074159

1. Entity Name
DRS. MOOREHEAD, PARISH & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1201 EAST BROWARD BLVD. FORT LAUDERALE, FL 33301	1201 EAST BROWARD BLVD. FORT LAUDERALE, FL 33301

DO NOT WRITE IN THIS SPACE

02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0617162
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOOREHEAD, MELODIE K PH. D.
1201 EAST BROWARD BLVD.
FORT LAUDERALE, FL 33301

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000359416
05/04/05-80155-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOOREHEAD, MELODIE K PH. D.
STREET ADDRESS	1201 EAST BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	ST
NAME	PARISH, MICHAEL S
STREET ADDRESS	1201 EAST BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael S. Parish, Vice Pres. 954-524-5244
SIGNATURE AND TITLE REQUIRED FOR AMENDED REPORTS OR DIRECTOR Date Daytime Phone #