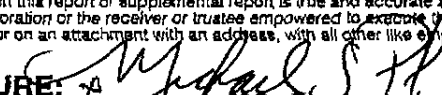


FILED**May 03, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000074159 1. Entity Name DRS. MOOREHEAD, PARISH & ASSOCIATES, P.A.										
Principal Place of Business 1201 EAST BROWARD BLVD. FORT LAUDERALE, FL 33301	Mailing Address 1201 EAST BROWARD BLVD. FORT LAUDERALE, FL 33301									
DO NOT WRITE IN THIS SPACE										
 02122005 No Chg-P CR2ED34 (10/03)										
4. FEI Number 65-0617162		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">(Not Applicable)</td> </tr> </table>	Applied For	(Not Applicable)						
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		DO NOT WRITE IN THIS SPACE								
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.										
<table style="width:100%;"> <tr> <td style="width:40%;">SIGNATURE _____</td> <td style="width:40%; text-align: center;">(NOTE: Registered Agent signature required when (re)stamping)</td> <td style="width:20%; text-align: right;">DATE _____</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and box 7 applicable.</td> <td></td> <td></td> </tr> </table>			SIGNATURE _____	(NOTE: Registered Agent signature required when (re)stamping)	DATE _____	Signature, typed or printed name of registered agent and box 7 applicable.				
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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								
10. OFFICERS AND DIRECTORS		U00000359416 05/04/05-80155-001 150.00								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">TITLE</td> <td style="width:85%;">P</td> </tr> <tr> <td style="font-size: x-small;">NAME</td> <td>MOOREHEAD, MELODIE K PH. D.</td> </tr> <tr> <td style="font-size: x-small;">STREET ADDRESS</td> <td>1201 EAST BROWARD BLVD.</td> </tr> <tr> <td style="font-size: x-small;">CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33301</td> </tr> </table>	TITLE	P	NAME	MOOREHEAD, MELODIE K PH. D.	STREET ADDRESS	1201 EAST BROWARD BLVD.	CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE	
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CITY-ST-ZIP	FORT LAUDERDALE, FL 33301									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, <i>Vice Pres.</i> 954-524-5244										