FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P97000000619 1. Entity Name 05-29-2002 90720 024 ***150.00 RYAN MOORE, M. ED., P.A. Mailing Address Principal Place of Business 2440 S. FEDERAL HIGHWAY, Old 2440 S. FEDERAL HIGHWAYE OID RAIVEEL #new STUART FL/34994 STUART FL 34994 Ryan Moore, Ph.D. 10 Central Parkway Suite 325 Ryan Moore, Ph.D. Stuart, FL 34994-5913 10 Central Parkway Stuart, FL-34994-5913 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0722233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ryan Moore, Ph.D. MOORE, RYAN Street Address (P.O. Box Number is Not Acceptable) 10 Central Parkway 2440 S. FEBERAL HIGHWAY Suite 325 Stuart, FL 34994-5913 STUART FL 34994 Zip Code City 8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Delete TITLE Change ☐ Addition Ryan Moore, Ph.D. NAME NAME MOORE, RYAN 10 Central Parkway STREET ADDRESS Suite 325 STREET ADDRESS 2440 S. FEDERAL HIGHWAY Stuart, FL 34994-5913 CITY-ST-ZIP CITY-ST-ZIP Ryan Moore, Ph.D. ☐ Addition TITLE TITLE Change ☐ Delete 10 Central Parkway Suite 325 NAME NAME Stuart, FL 34994-5913 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME~ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

Date

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR