

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90093 046 \*\*\*150.00

0610405 AV

**DOCUMENT # P97000000619**

1. Entity Name  
**RYAN MOORE, PH.D., P.A.**



Principal Place of Business  
**10 CENTRAL PKWY  
STE 325  
STUART FL 34994-5913**

Mailing Address  
**10 CENTRAL PKWY  
STE 325  
STUART FL 34994-5913**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0722233**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, RYAN  
10 CENTRAL PKWY  
STE 325  
STUART FL 34994-5913**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MOORE, RYAN**  
STREET ADDRESS **10 CENTRAL PKWY, STE 325**  
CITY-ST-ZIP **STUART FL 34994-5913**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #90146845  
#D970000000619  
**COUNSELING & EVALUATION**

Robert Kutner, Psy.D.

Ryan Moore, Ph.D., FAACS

Robert Bein, Psy. D.

Licensed Mental Health and Addictions Treatment Provider

July 22, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

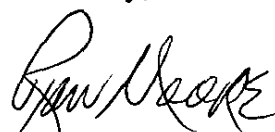
Re: 2003 Uniform Business Report

To Whom It May Concern:

This is to advise that I just received our first notice regarding the Uniform Business Report the second week in July. At the time of the first notice we were in the process of moving our office to this location and some of our mail continued to be sent to the old address. I have had a lot of problems because of this move as far as the mail not reaching us in a timely manner and a lot of it never made it's way to this address.

I have enclosed a check for \$150.00 for the filing. I'm sorry for the delay and if you have any questions please feel free to call me at (772) 220-0611.

Sincerely,



Ryan Moore, Ph.D., F.A.A.C.S.