

# ANNUAL REPORT (AR)

**DOCUMENT # P97000077312**

1. Entity Name  
**CLYDE H. MORELAND, M.D., P.A.**



**FILED**  
**Mar 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
 2042 14 ST N.      2042 14 ST N.  
 ST. PETERSBURG FL 33704      ST. PETERSBURG FL 33704



1st MOORE      CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-3479439</b>		Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MORELAND, CLYDE H 2042 14 ST N. ST. PETERSBURG FL 33704				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORELAND, MD CLYDE H			NAME			
STREET ADDRESS	2042 14 ST N.			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33704			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Clyde H. Moreland M.D.*      **Clyde H. Moreland M.D.**      2/28/07      (727) 384-641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #