FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

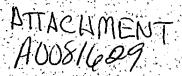
## Aug 16, 2001 8:00 am Secretary of State P98000057895 DOCUMENT # 1. Entity Name 08-16-2001 90006 022 \*\*\*150.00 MOORE & HARPER, M.D., P.A. Principal Place of Business Mailing Address 1210 MICCOSUKEE RD 1210 MICCOSUKEE RD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-3518119 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 PIERCE, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 227 SOUTH CALHOUN ST TALLAHASSEE FL 32301 Zip Code City FL 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE Delete TITLE MOORE, CHARLES E NAME NAME STREET ADDRESS 1210 MICCOSUKEE RD STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Change ☐ Addition THILE 🔀 Delete TITLE HARPER, LARRY NAME NAME 1210 MICCOSUKEE RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32308 CITY-ST-7IF Change - Addition TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Change ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 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 or trustee 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:

## JEAN M. SCRUGGS

Certified Public Accountant 5407 Touraine Drive Tallahassee, FL 32308 (850) 656-2266 Fax (850) 656-8228



August 14, 2001

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

P98000057895

RE: Moore & Harper, M.D., P.A. #59-3518119

## To Whom It May Concern:

Enclosed please find 2001 Uniform Business Report (UBR) for Moore & Harper, M.D., P.A. document # P98000057895 and a check for \$150.00. Since I am their CPA the original form was given to me along with all the other corporate forms. I have enclosed a copy of what I gave their office to file by May 1, 2001. Their office has been in disarray since the termination of Dr. Larry Harper. The office Manager said the original form might have been sent to Dr. Harper's new office.

We would hope that you could waive the penalty.

We appreciate your assistance in this matter, and if you have any questions please feel free to call me (850) 656-2266.

Yours Very Truly

Jean M. Scruggs, CPA