


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P98000057895 1. Entity Name MOORE & HARPER, M.D., P.A. |  |
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|--|--|
| Principal Place of Business 1210 MICCOSUKEE RD TALLAHASSEE, FL 32308 | Mailing Address 1210 MICCOSUKEE RD TALLAHASSEE, FL 32308 |
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03122006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3518119 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN ST TALLAHASSEE, FL 32301 |
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**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD MOORE, CHARLES E 1210 MICCOSUKEE RD TALLAHASSEE, FL 32308 |
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04/25/06-80092-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Charles E Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 850/878-518
Date Daytime Phone #