

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71786

1. Entity Name

JOHN T. MOOR, M.D., P.A.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90036 043 ***150.00

Principal Place of Business BENEVA PROFESSIONAL CENTER 943 S. BENEVA RD., SUITE 313 SARASOTA FL 34232 US	Mailing Address BENEVA PROFESSIONAL CENTER 943 S. BENEVA RD. SUITE 313 SARASOTA FL 34232-2473 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. JOHN T. MOOR, M.D., P.A. 2075 S. TAMiami TRAIL SARASOTA, FL 34239 City & State	3. Mailing Address Suite, Apt. JOHN T. MOOR, M.D., P.A. 2075 S. TAMiami TRAIL SARASOTA, FL 34239 City & State	4. FEI Number 59-3146142	Applied For <input type="checkbox"/> Not Applied For
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GASSMAN, ALAN S. 1212 COURT STREET SUITE B CLEARWATER FL 34616	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE 1/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOOR, JOHN T BENEVA PROF CNTR 943 S BENEVA RD STE 313 SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN T. MOOR, M.D., P.A. 2075 S. TAMiami TRAIL SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 1/30/00 DAYTIME PHONE #: 941-957-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR