

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G44005

**Entity Name:** DRS. MOORE AND HEALEY, P.A.

**Current Principal Place of Business:**

4910 BEACH BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4910 BEACH BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2300345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE, ROBERT C.  
4910 BEACH BLVD  
JACKSONVILLE, FL 32207 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            MOORE, ROBERT C  
Address        1617 KING ST.  
City-State-Zip: JACKSONVILLE FL 32204

Title            DIR  
Name            HEALEY, FRANK H  
Address        4910 BEACH BLVD  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK H. HEALEY

**VICE PRESIDENT**

**04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date