

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000065559

Entity Name: JULIAN MOORE M.D., P.A.

Current Principal Place of Business:

3137 ISLEWOOD AV.
WESTON , FL 33332

Current Mailing Address:

3137 ISLEWOOD AV
WESTON , FL 33332 US

FEI Number: 46-0685814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, SELEGNE
3137 ISLEWOOD AV
WESTON , FL 33332 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: SELEGNE MOORE

03/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MOORE, JULIAN
Address 3850 HOLLYWOOD BLVD
City-State-Zip: HOLLYWOOD FL 33021

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: JULIAN MOORE

OFFICER

03/30/2018

Electronic Signature of Signing Officer/Director Detail

Date