

**2019 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: Yes**

**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**

**04/23/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            MOORE, JULIAN  
Address         3137 ISLEWOOD AVENUE  
City-State-Zip: WESTON FL 33332

*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**

**04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date