

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000012042

Entity Name: MOORE MEDICARE OPTIONS, INC

Current Principal Place of Business:

330 5TH STREET NORTH
ST. PETERSBURG, FL 33701

Current Mailing Address:

330 5TH STREET NORTH
ST. PETERSBURG, FL 33701 US

FEI Number: 84-4729086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADFORD, JAMES N
14160 PALMETTO FRONTAGE RD., STE. 32
MIAMI LAKES, FL 33016 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 PD
Name MOORE, LISA
Address 740 4TH STREET NORTH, #170
City-State-Zip: ST. PETERSBURG FL 33701

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: LISA C. MOORE

OFFICER

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date