2018 FLORI	<u>DA PROFIT CO</u>	RPORATION AN	NUAL REPORT

DOCUMENT# P97000077312

Entity Name: CLYDE H. MORELAND, M.D., P.A.

### **Current Principal Place of Business:**

2042 14 ST N. ST. PETERSBURG, FL 33704

# **Current Mailing Address:**

2042 14 ST N. ST. PETERSBURG, FL 33704

# FEI Number: 59-3479439

# Name and Address of Current Registered Agent:

MORELAND, CLYDE H DR. 2042 14 ST N. ST. PETERSBURG, FL 33704 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: CLYDE H MORELAND MD

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PRES
Name	MORELAND, CLYDE H DR.
Address	2042 14 ST N.
City-State-Zip:	ST. PETERSBURG FL 33704

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: CLYDE H MORELAND MD

PRESIDENT

03/29/2018

Electronic Signature of Signing Officer/Director Detail

FILED Mar 29, 2018 Secretary of State CC8325816125

Certificate of Status Desired: No

03/29/2018

Date

Date