## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 591039  1. Entity Name					FILED May 19, 2000 8:00 am			
STEVEN H. MOSS, M.D., P.A.					Secretary of State 05-19-2000 90102 021 ***150.00			
Principal Place	e of Business	Mailing Address	·		03-19-2000 9010	)2 021 *** 130.0	<i>J</i> O	
1815 E COMME FT LAUDERDALI	RCIAL BLVD 106 E FL 33308	1815 E COMMERCIAL BLVD 106 FT LAUDERDALE FL 33334-3453						
2. Principal P	lace of Business  33 M.D. (+15 Haw)	3. Mailing Address	141E Haw	,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & State		City & State		4. 1	FEI Number <b>59-1862037</b>	Ap	plied For	
		PT. LAUSR	Country			\$8.75 Add	t Applicable	
Zip 33		33334	<u>ن</u> ،>			Fee Required		
	6. Name and Address of Current R	egistered Agent	Name		Name and Address of New Regis	tereti Agent		
MOOS, STEVEN II. M.D. Street Address (F				ress (P.O. B	ox Number is Not Acceptable)			
1815 E. COMMERCIAL BLVD.106 FT. LAUDERDALE, FL. FL 33308				CUITE 103				
			City F	r.Lac	DERDACE	FL Zip Code		
8. The above	named Intity submits this statement for	the purpose of changing its re		<del></del> -		<u> </u>	<del>-21</del> -	
SIGNATURE _	At Moss Signature, typed or printed name of registered agent an		Registered Agent signature		instating)	DATE DATE		
• · · · · • • · · · · · · · · · · · · ·			FEE IS \$150.00 D Fee will be \$550 to Department o		10. Election Campaign Financi Trust Fund Contribution.	, +	May Be	
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICER			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MOSS, STEVEN H 1815 E COMMERCIAL BLVD FT LAUDERDALE FL	<b>⊈</b> -Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	53	S, STRUBP H.	☐ Change	Addition	
TITLE	THE ENOUGH DALL TO	☐ Delete	TITLE	1	T. CBO 0 11 PO 1-12	☐ Change	☐ Addition	
NAME STREET ADDRESS I CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP					
		□ Delete — —	TITLE -			Change_	Addition -	
NAME STREET ADDRESS CITY-ST-ZIP			NAME   STREET ADDRESS   CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		***************************************	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME Street Address City-St-Zip			NAME Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D								