

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90435 009 ***150.00

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DOCUMENT # 591039

1. Entity Name
STEVEN H. MOSS, M.D., P.A.

Principal Place of Business 5333 M. DIXIE HWY 108 FORT LAUDERDALE FL 33334	Mailing Address 5333 M. DIXIE HWY 108 FORT LAUDERDALE FL 33334
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C0056058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 10357	3. Mailing Address P.O. Box 10357
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State POMPANO BEACH	City & State POMPANO BEACH	4. FEI Number 59-1862037	Applied For <input type="checkbox"/> Not Applicable
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Zip 33061	Country U.S.A.	Zip 33061	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MOSS, STEVEN H. M.D.
 5333 N. DIXIE HWY
 STE 108
 FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent
 Name **STRUD H. MOSS, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
1026 E. CYPRESS DR
 City **POMPANO BEACH** FL Zip Code **33069**

8. 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: *Al Moss* **STRUD MOSS, Pres.** DATE: **4/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, STRUD H 5333 DIXIE FT FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUD H. MOSS 1026 E. CYPRESS DR POMPANO BEACH 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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 and other like empowered.
 SIGNATURE: *Al Moss* **STEVEN MOSS** DATE: **4/21/01** DAYTIME PHONE #: **954-771-9540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)