## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 591039** 

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

1026 É CYPRESS DR

POMPANO BEACH, FL 33069

Address:

City-St-Zip:

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
PO BOX 10357 POMPANO BEACH, F	L 33069			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 10357 POMPANO BEACH, F	L 33069			
FEI Number: 59-1862037	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
MOSS, STEVEN H ME 1026 E CYPRESS DR POMPANO BEACH, F				
The above named entilin the State of Florida.	y submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financ	sing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD	( ) Delete	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN MOSS P/D 04/21/2003