



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

06-12-2007 90111 007 \*\*\*150.00

<b>DOCUMENT # K04381</b> 1. Entity Name <b>STEVEN HARDING MOSS, M.D., P.A.</b>			
Principal Place of Business <b>10441 QUALITY DR SUITE #203 SPRING HILL, FL 34609 US</b>		Mailing Address <b>10441 QUALITY DR SUITE #203 SPRING HILL, FL 34609 US</b>	
2. Principal Place of Business - No P.O. Box # <b>11373 Cortez Blvd Suite, Apt. #, etc. Suite 301 City &amp; State Brooksville, FL Zip 34613 Country US</b>		3. Mailing Address <b>11373 Cortez Blvd Suite, Apt. #, etc. Suite 301 City &amp; State Brooksville, FL Zip 34613 Country US</b>	
		40120544 	
		05222007    Chg-P    CR2E034 (12/06)	
		4. FEI Number <b>59-2864050</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARFEL, TIMOTHY J. 2015 CENTRE PT. BLVD. SUITE 105 TALLAHASSEE, FL 32308</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when re/setting) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOSS, STEVEN HARDING 10441 QUALITY DR SUITE 203 SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Moss, Steven Harding 11373 Cortez Blvd, Suite 301 Brooksville, FL 34613
	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with last address, with all other like empowered			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/22/07    352-597-7091 Date    Daytime Phone #	