

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M07983** (3)

1. Corporation Name

MOISES SIMPSE, M.D., P.A.



Principal Place of Business

3200 SW 60TH CT
MAB 203-203
MIAMI FL 33155
US

Mailing Address

P O BOX 558150
MAB 203
MIAMI FL 33155
US

3. Date Incorporated or Qualified
11/19/1984

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **3200 SW 60 CT**
Suite, Apt. #, etc.

26 **P.O. Box 558150**
Suite, Apt. #, etc.

22 **MAB 203**
City & State

27 **MIAMI - FL**
City & State

23 **MIAMI - FL**
Zip

28 **MIAMI - FL**
Zip

24 **33155** 25 **USA**

29 **33155-8150** 30 **USA**

4. FEI Number
59-2465889

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SIMPSE, MOISES
11950 SW 66 AVENUE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **SIMPSE, MOISES**
STREET ADDRESS **11950 S.W. 66 AVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Simpson* **MOISES SIMPSE, M.D.** 2/1/96 (205) 662-8380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)