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FILED

**Jan 24 1997 8:00am
Secretary of State**

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M18190 (2)

**1. Corporation Name
EDWARD A. MOSES, M.D., P.A.**

**Principal Place of Business
9871 W SAMPLE RD
CORAL SPRINGS FL 33065**

**Mailing Address
9871 W SAMPLE RD
CORAL SPRINGS FL 33065-4005**



3. Date Incorporated or Qualified 07/16/1985
3a. Date of Last Report 06/14/1996

4. FEI Number 59-2581628
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. 199.032, Florida Statutes ☒ **Yes** ☐ **No**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

9. Name and Address of Current Registered Agent

**MOSES, EDWARD A.
9871 W. SAMPLE ROAD
CORAL SPRINGS FL 33065**

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 607.1505, Florida Statutes.

SIGNATURE

(Signature)

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/97

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ **DELETE**
NAME **MOSES, EDWARD A., M.D.**
STREET ADDRESS **9871 W. SAMPLE ROAD**
CITY - ST - ZIP **CORAL SPRINGS FL**

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY - ST - 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 - ST - ZIP

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

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

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

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

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

14. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/17/97 (954) 753-8355

Date Daytime Phone #

CR2E034 (9/96)