## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000093538

Entity Name: TRINETTE D. MOSS, M.D., P.A.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 19645 NW 62 CT
 2340 SARAZEN DRIVE

 MIAMI, FL 33015
 DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

19645 NW 62 CT 2340 SARAZEN DRIVE MIAMI, FL 33015 DUNEDIN, FL 34698

FEI Number: 01-0557986 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MOSS, TRINETTE D M.D.
 MOSS, TRINETTE D M.D.

 19645 NW 62 CT
 2340 SARAZEN DRIVE

 MIAMI, FL 33015
 DUNEDIN, FL 34698

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: 04/29/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MOSS, TRINETTE D M.D.

Address: 19645 NW 62 CT
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition

Name: MOSS, TRINETTE D M.D.
Address: 2340 SARAZEN DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: TRINETTE MOSS D 04/29/2003