

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002585

FILED
Feb 04, 2008
Secretary of State

Entity Name: MOISES SIPERSTEIN, M.D., P.A.

Current Principal Place of Business:

1696 SE HILLMOOR DRIVE
C
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

10377 S. US HWY 1
102
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2321 SW GOLDEN BEAR WAY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 13-4230744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIPERSTEIN, MOISES M.D.
2321 SW GOLDEN BEAR WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: SIPERSTEIN, MOISES M.D.
Address: 2321 SW GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MOISES SIPERSTEIN

DR

02/04/2008

Electronic Signature of Signing Officer or Director

Date