

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000033645

1. Entity Name
KIMBERLY D. MOSKOWITZ, M.S., M.D., P.A.



Principal Place of Business
12238 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407

Mailing Address
P.O BOX 27546
PANAMA CITY BEACH, FL 32411

FILED

08 SEP 26 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252008 Chg-P CR2E034 (12/06)

4. FEI Number
52-2455010

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, KIMBERLY D MD
12238 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOSKOWITZ, KIMBERLY D P
STREET ADDRESS 12238 PANAMA CITY BEACH PARKWAY
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

600136518926
10/01/08--01024--001 **550.00

TITLE

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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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #