

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077316

FILED
Mar 24, 2009
Secretary of State

Entity Name: KNIPE & MOSKOWITZ, M.D., P.A.

Current Principal Place of Business:

70 W. GORE STREET
SUITE 200A
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

70 W. GORE STREET
SUITE 200A
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3348812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIPE, RONALD C MD
70 W. GORE STREET
SUITE 200A
ORLANDO, FL 32806 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: PSTD () Delete
Name: KNIPE, RONALD C M.D.
Address: 70 W. GORE STREET SUITE 200A
City-St-Zip: ORLANDO, FL 32806

Title: VPS () Delete
Name: MOSKOWITZ, JEFFREY M.D.
Address: 1000 W. BROADWAY SUITE 206
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RONALD C KNIPE MD

PSTD

03/24/2009

Electronic Signature of Signing Officer or Director

Date