

FILED
May 12, 2003 8:00 am
Secretary of State

04-10-2003 90154 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098724		
1. Entry Name M. CATHARINE MOFFITT, MD, P.A.		
Principal Place of Business 7668 N.W. 50TH COURT CORAL SPRINGS, FL 33067		Mailing Address 7668 N.W. 50TH COURT CORAL SPRINGS, FL 33067
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
4. FEI Number 65-0727528		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOFFITT, M. CATHARINE M.D. 7668 N.W. 50TH COURT CORAL SPRINGS, FL 33067		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 <i>M. Catharine Moffitt</i> DATE 4/14/03		
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. I 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 disclosed on this report or supplemental 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 907, 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 persons empowered.		
SIGNATURE: <i>M. Catharine Moffitt</i> DATE 4/30/03		Please Sign Here