

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000008127

**FILED**  
**Sep 09, 2010**  
**Secretary of State**

**Entity Name:** HARVEY D. MOSKOWITZ DMD PA

**Current Principal Place of Business:**

9016 HARDING AVE.  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9016 HARDING AVE.  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 65-0925402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSKOWITZ, HARVEY  
9016 HARDING AVE.  
SURFSIDE, FL 33154 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

**OFFICERS AND DIRECTORS:**

Title: DMD  
Name: MOSKOWITZ, HARVEY  
Address: 9016 HARDING AVE  
City-St-Zip: SURFSIDE, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE C NEWMAN

MGN

09/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date