

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90151 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S10505

1. Corporation Name
DAVID P. MOSCH, D.O., P.A.

Principal Place of Business Mailing Address
4250 ALAFAYA TRAIL **4250 ALAFAYA TRAIL**
OVIEDO FL 32765 **OVIEDO FL 32765**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	100 Alexandria Blvd	26	592 Long Lake Drive	11/01/1990	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	
22	Suite 1	27		59-3039258	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Oviedo FL	28	Oviedo, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	32765 Seminole	29	32765 Seminole		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ROCKER, JEFFRY F 1545 TWIN OAKS CIRCLE OVIEDO FL 32765				81	Name			David P. Mosch, DO
				82	Street Address (P.O. Box Number is Not Acceptable)			592 Long Lake Drive
				83				
				84	City	Oviedo	FL	85

11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE: *David P. Mosch, DO* DATE: *3/13/99*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	XXXXXXXXXX	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> ADDITION
NAME	ROCKER, JEFFRY F.			1.2 NAME	XXXXXXXXXXXXXXXXXXXX		
STREET ADDRESS	1545 TWIN OAKS CIRCLE			1.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX		
CITY-ST-ZIP	OVIEDO FL			1.4 CITY-ST-ZIP	XXXXXXXXXXXXXX		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	President (P)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSCH, DAVID P.			2.2 NAME			
STREET ADDRESS	592 LONG LAKE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *David P. Mosch, DO* DATE: *3/13/99* DAYTIME PHONE: *407-366-5511*

CR2E034 (1/98)