FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:00

DOCUMENT # V14617 (7)

1. Corporation Name
LEWIS J. MOSKOWITZ, L.M.H.C., P.A.

Principal Place of Business
5750 MARGATE BLVD
STE 104
MARGATE FL 33063
US

Mailing Address
3004 NW 51 TERR
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 5750 Margate Blvd.
22 Suite, Apt. #, etc.: STE 208
23 City & State: Margate, FL
24 Zip: 33063
25 Country: USA

2a. Mailing Address
26: 5750 Margate Blvd.
27 Suite, Apt. #, etc.: 208
28 City & State: Margate, FL.
29 Zip: 33063
30 Country: USA

4. FEI Number: 65-0312691 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSKOWITZ, LEWIS J.
3004 NW 51 TERR
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Lewis J. Moskowitz
82 Street Address (P.O. Box Number is Not Acceptable): 22361 Collington Drive
83
84 City: Boca Raton, FL 85 Zip Code: 33428

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: _____ (NOTE: Registered Agent signature required when executing) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: MOSKOWITZ, LEWIS J. STREET ADDRESS: 3004 NW 51 TERR CITY-ST-ZIP: MARGATE FL	11 TITLE: D ☒ Change ☐ Addition 12 NAME: Moskowitz Lewis J 13 STREET ADDRESS: 22361 collington drive 14 CITY-ST-ZIP: Boca Raton, FL. 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Lewis J Moskowitz ; Lewis J. Moskowitz 1/23/95 305 970-0631
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0106200 CR