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FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90072 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V14617

1. Corporation Name

LEWIS-J=MOSKOWITZ, L.M.H.C., P.A.

Principal Place of Business

541 S. SR 7  
#3  
MARGATE FL 33068  
US

Mailing Address

22361 COLLINGTON DRIVE  
STE 204  
BOCA RATON FL 33428  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number

65-0312691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 2824 S. Seacrest Blvd.

Suite, Apt. #, etc.

208C

2a. Mailing Address

26 2824 S. Seacrest Blvd.

Suite, Apt. #, etc.

208C

City & State

23 Boynton Beach, FL

City & State

28 Boynton Beach, FL

Zip

24 33435

Country

25 Palm Beach

Zip

29 33435

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

MOSKOWITZ, LEWIS J.  
22361 COLLINGTON DRIVE  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name MOSKOWITZ, LEWIS J.

82 Street Address (P.O. Box Number is Not Acceptable)

2824 S. SEACREST BLVD.

83 208C

84 City Boynton Beach

FL

85 Zip Code 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MOSKOWITZ, LEWIS J.  
STREET ADDRESS 22361 COLLINGTON DRIVE  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MOSKOWITZ, LEWIS J.  
1.3 STREET ADDRESS 2824 S. SEACREST BLVD, 208C  
1.4 CITY-ST-ZIP Boynton Beach, FL 33435

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/99 561 731-1424

CR2E034 (11/98)