


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90010 012 ***150.00

DOCUMENT # V14617 1. Entity Name LEWIS J. MOSKOWITZ, L.M.H.C., P.A.			
Principal Place of Business 12977 SOUTHERN BLVD 200 LOXAHATCHEE, FL 33470 US		Mailing Address 12977 SOUTHERN BLVD 200 LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business - No P.O. Box # 12794 W Forest Hill Blvd Suite, Apt. #, etc. 18 H City & State Wellington FL Zip 33414 Country Palm Beach		3. Mailing Address 13325 LA Mirada Cr Suite, Apt. #, etc. City & State Wellington FL Zip 33414 Country Palm Beach	
4. FEI Number 65-0312691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSKOWITZ, LEWIS J 13325 LA MIRADA CIRCLE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MOSKOWITZ, LEWIS J.	<input type="checkbox"/> Delete	
STREET ADDRESS 13325 LA MIRADA CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 607, 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 like empowered.			
SIGNATURE: <i>Lewis J. Moskowitz</i>		Date 3/25/07 Daytime Phone #	