CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28647

1. Corporation Name
Douglas Moss, MD, P.A.

Principal Place of Business / Mailing Address
5101 Collins Avenue
Unit 6T
Miami Beach, Florida 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/93 / 4/16/92
3a. Date of Last Report: 4/26/94

4. FEI Number: 65-0331229 — 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

2. Principal Place of Business	2a. Mailing Address
21 5101 Collins Avenue	26 SAME
Suite, Apt. #, etc. 22 Unit 6T	Suite, Apt. #, etc 27
City & State 23 Miami Beach Florida	City & State 28
Zip 24 33351 Country 25 U.S.A.	Zip 29 Country 30

9. Name and Address of Current Registered Agent
Andrew H. Rappeport, P.A.
3474 N. University Drive
#405
Sunrise Fl. 33351

10. Name and Address of New Registered Agent
81 Name: Douglas Moss
82 Street Address (P.O. Box Number is Not Acceptable): 5101 Collins Avenue
83 Unit 6T
84 City: Miami Beach 85 FL Zip Code 33351

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 X [signature] Douglas Moss 5/19/95
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	President
NAME	Moss, Douglas
STREET ADDRESS	5101 Collins Ave. 6T
CITY ST ZIP	Miami Beach, Fl, 33351
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	T.S. 6/27/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP	300001526453 -06/29/95--01014--002 ****200.00 ****200.00	☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP	[stamp] ... MAY 1	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] Douglas Moss 5/15/95 (305) 866-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #