

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H80525

**Entity Name:** MOSKOWITZ, MANDELL, SALIM & SIMOWITZ, P.A.

**Current Principal Place of Business:**

800 CORPORATE DRIVE  
SUITE 500  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

800 CORPORATE DRIVE  
SUITE 500  
FORT LAUDERDALE, FL 33334 US

**FEI Number:** 59-2588564

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOSKOWITZ, MICHAEL W.  
800 CORPORATE DR., STE 500  
FT. LAUDERDALE, FL 33334 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name MOSKOWITZ, MICHAEL W.  
Address 800 CORPORATE DR., STE 500  
City-State-Zip: FT. LAUDERDALE FL 33334

Title DVS  
Name MANDELL, CRAIG J  
Address 800 CORPORATE DR., STE 500  
City-State-Zip: FT. LAUDERDALE FL 33334

Title DVT  
Name SALIM, WILLIAM GJR  
Address 800 CORPORATE DR., STE 500  
City-State-Zip: FT. LAUDERDALE FL 33334

Title DV  
Name SIMOWITZ, SCOTT E  
Address 800 CORPORATE DR., STE 500  
City-State-Zip: FT. LAUDERDALE FL 33334

I hereby certify that the information indicated on this report or supplemental report 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 above, or on an attachment with all other like empowered.

**SIGNATURE: MICHAEL W. MOSKOWITZ**

**PRESIDENT**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date