

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132415

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** CLAUDIA F. MORICZ, D.D.S., M.S., P.A.

**Current Principal Place of Business:**

6243 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6243 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 20-0395572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORICZ, CLAUDIA F  
13220 BROWON THRASHER PIKE  
LAKEWOOD RANCH, FL 34202 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: MORICZ, CLAUDIA F  
Address: 13220 BROWN THRASHER PIKE  
City-St-Zip: LAKEWOOD RANCH, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PRESIDENT/CLAUDIA MORICZ

DR

02/19/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date