

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000132415

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

**Current Principal Place of Business:**

6286 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**Current Mailing Address:**

6286 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

**FEI Number:** 20-0395572

**Certificate of Status Desired:** No

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

MORICZ, CLAUDIA F  
13220 BROWON THRASHER PIKE  
LAKEWOOD RANCH, FL 34202 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 DR  
Name MORICZ, CLAUDIA F  
Address 13220 BROWN THRASHER PIKE  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** CLAUDIA MORICZ

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date