

2014 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

PRESIDNET

01/11/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date