
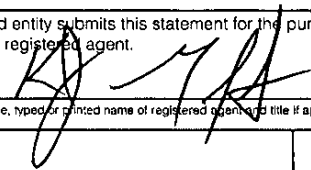
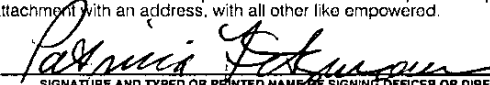


2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P01000069024 1. Entity Name PATRICIA FITZMAURICE, L.C.S.W., P.A.						05 MAY -9 PM 3:48 SEC. OF STATE TREASURY	
Principal Place of Business 8862 THAMES RIVER DR BOCA RATON, FL 33433				Mailing Address 8862 THAMES RIVER DR BOCA RATON, FL 33433			
2. Principal Place of Business 2200 N.W. CORPORATE BLVD Suite, Apt. #, etc. SUITE 312				3. Mailing Address SAME Suite, Apt. #, etc.			
City & State BOCA RATON FL				City & State		4. FEI Number 65-1124533	
Zip 33431		Country USA		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GRUSHOFF, KENNETH J 5450 NW 33RD AVE STE 111 FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name KENNETH GRUSHOFF Street Address (P.O. Box Number is Not Acceptable) 499 E. PALMETTO PARK RD SUITE 223 City BOCA RATON FL Zip Code 33432			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 4/26/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D NAME FITZMAURICE, PATRICIA <input type="checkbox"/> Delete STREET ADDRESS 8862 THAMES RIVER DR CITY-ST-ZIP BOCA RATON, FL 33433				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 2200 NW CORPORATE BLVD SUITE 312 CITY-ST-ZIP BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				DATE 4/27/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PATRICIA FITZMAURICE				Daytime Phone # 561-994-0310			

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Astute Tax and Accounting, Inc.

**499 East Palmetto Park Road
Suite 223
Boca Raton, Florida 33432**

**(561) 362-9683
Fax (561) 362-9684**

2092

April 25, 2005

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Patricia Fitzmaurice
P01000069024

Gentlemen;

In April, 2004, Patricia Fitzmaurice sent her annual report with her \$150.00 check. Evidently, she failed to sign the annual report. It was sent back to her asking for a signature. She never received this request. Please take this in consideration when abating her penalties.

Enclosed please find \$150.00 for 2005 annual report.

Sincerely,



Robin Meyer
Office Manager