2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 020 ***150.00

DOCUMENT # P01000069024

1. Entity Name

PATRICIA FITZMAURICE, L.C.S.W., P.A.

Principal Place of Business	Mailing Address
2200 N.W. CORPORATE BLVD. SUITE 312 BOCA RATON FL 33431	2200 N.W. CORPORATE BLVD. SUITE 312 BOCA RATON FL 33431

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
950 PENINSULA CORP. CIRCLE	950 PENINSULA CORP CIRCLE
Suite, Apt. #, etc.: SUITE 2004	Suite, Apt. #, etc.: SUITE 2004
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 65-1124533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRUSHOFF, KENNETH J 499 E. PALMETTO PARK ROAD SUITE 223 BOCA RATON FL 33432	Name: PATRICIA FITZMAURICE L.C.SW., PA Street Address (P.O. Box Number is Not Acceptable): 950 PENINSULA CORPORATE CIRCLE SUITE 2004 City: BOCA RATON FL Zip Code: 33487

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 [signature] 4-23-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZMAURICE, PATRICIA 2200 NW CORPORATE BLVD., SUITE 312 BOCA RATON FL 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZMAURICE, PATRICIA 950 PENINSULA CORPORATE CIRCLE #2004 BOCA RATON, FL. 33487 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] Patricia Fitzmaurice 4-23-07 561-994-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #