

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000069024

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** PATRICIA FITZMAURICE, L.C.S.W., P.A.

**Current Principal Place of Business:**

950 PENINSULA CORP. CIRCLE  
SUITE 1006  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

950 PENINSULA CORP. CIRCLE  
SUITE 1006  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 65-1124533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZMAURICE, PATRICIA PA  
950 PENINSULA CORPORATE CIRCLE  
SUITE 1006  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FITZMAURICE, PATRICIA  
Address: 950 PENINSULA CORPORATE CIRCLE #1006  
City-St-Zip: BOCA RATON, FL 33487

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: PATRICIA FITZMAURICE

D

04/04/2011

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

\_\_\_\_\_  
Date