


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90085 006 \*\*\*150.00

<b>DOCUMENT # P97000100375</b> 1. Entity Name <b>MAURICE CRUZ, M.D., P.A.</b>																																																																																																																																																											
Principal Place of Business <b>5325 GREENWOOD AVE, STE 301</b> <b>WEST PALM BEACH, FL 33407 US</b>			Mailing Address <b>5321 GREENWOOD AVENUE</b> <b>301</b> <b>WEST PALM BEACH, FL 33407 US</b>																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # <b>500 Federal Hwy US 1</b> Suite, Apt. #, etc.		3. Mailing Address <b>500 Federal Hwy US 1</b> Suite, Apt. #, etc.																																																																																																																																																									
City & State <b>Lake Park, FL</b> Zip <b>33403</b>		City & State <b>Lake Park, FL</b> Zip <b>33403</b>		4. FEI Number <b>65-0797026</b>																																																																																																																																																							
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
6. Name and Address of Current Registered Agent  <b>CRUZ, MAURICE</b> <b>5325 GREENWOOD AVENUE</b> <b>301</b> <b>WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>500 Federal Hwy US 1</b> City <b>Lake Park</b> <b>FL</b> Zip Code <b>33403</b>																																																																																																																																																							
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 <u><i>Maurice Cruz</i></u> <b>P</b> DATE <u><b>2-7-2007</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td colspan="3" style="width: 60%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CRUZ, MAURICE</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10290 ALLAMANDA BLVD.</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM BEACH GARDENS, FL 33410</td> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME	CRUZ, MAURICE	NAME				STREET ADDRESS	10290 ALLAMANDA BLVD.	STREET ADDRESS				CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	CITY - ST - ZIP										TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY - ST - ZIP		CITY - ST - ZIP										TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY - ST - ZIP		CITY - ST - ZIP										TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY - ST - ZIP		CITY - ST - ZIP										TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY - ST - ZIP		CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Maurice Cruz</i></u> <b>2-7-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											

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