

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100375

Entity Name: MAURICE CRUZ, M.D., P.A.

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

500 FEDERAL HWY US 1  
WEST PALM BEACH, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 FEDERAL HWY US 1  
301  
WEST PALM BEACH, FL 33403 US

**New Mailing Address:**

FEI Number: 65-0797026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRUZ, MAURICE  
500 FEDERAL HWY US 1  
LAKE PARK, FL 33403 US

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

CRUZ, MAURICE PD  
500 FEDERAL HWY US 1  
LAKE PARK, FL 33403 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: MAURICE CRUZ

02/28/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRUZ, MAURICE  
Address: 10290 ALLAMANDA BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MAURICE CRUZ

PD

02/28/2010

Electronic Signature of Signing Officer or Director

Date