

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90147 025 \*\*\*150.00

DOCUMENT # P97000045029

1. Entity Name

MURDOCK FAMILY MEDICINE, P.A.

Principal Place of Business

Mailing Address

1649 TAMiami TrL.  
 PT. CHARLOTTE FL 33948

1649 TAMiami TrL.  
 PT. CHARLOTTE FL 33948-1042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0754235

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.  
 200 S. ORANGE AVE., 2300 SUN BANK CENTER  
 ORLANDO FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS |                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | DP <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KENNEDY, DONALD E                  | NAME  |   |
| STREET ADDRESS             | 1649 TAMiami TrL.                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PT. CHARLOTTE FL 33938             | CITY-ST-ZIP   |   |
| TITLE                      | DS <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCATEE, DAVID L                    | NAME  |   |
| STREET ADDRESS             | 1649 TAMiami TrAIL                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PORT CHARLOTTE FL 33938            | CITY-ST-ZIP   |   |
| TITLE                      | DT <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CRISS, CATHY L                     | NAME  |   |
| STREET ADDRESS             | 1649 TrMIAMI TrAIL                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PT CHARLOTTE FL 33943              | 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   |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Kennedy, D.O. 4/26/00

PRESIDENT

Date

Daytime Phone # (941) 639-3363

CRE034 (9/99)