

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045029

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: MURDOCK FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

19531 TOLEDO BLADE BLVD.  
PT. CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19531 TOLEDO BLADE BLVD.  
PT. CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 65-0754235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP                      ( ) Delete  
Name: KENNEDY, DONALD E  
Address: 19531 TOLEDO BLVD.  
City-St-Zip: PT. CHARLOTTE, FL 33938

Title: DS                      ( ) Delete  
Name: MCATEE, DAVID L  
Address: 19531 TOLEDO BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33938

Title: DT                      ( ) Delete  
Name: CRISS, CATHY L  
Address: 19531 TOLEDO BLVD.  
City-St-Zip: PT CHARLOTTE, FL 33943

Title: DVP                      ( ) Delete  
Name: HALASZ, STEVEN P  
Address: 19531 TOLEDO BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title:                              ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                              ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                              ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                              ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                              ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP                      ( ) Change (X) Addition  
Name: PLANER, DANA F  
Address: 19531 TOLEDO BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD E. KENNEDY

P

02/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date