

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045029

FILED
Mar 09, 2006
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: DVP () Delete
Name: PLANER, DANA F
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: BURT, MELODY H
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 Chapter 119, 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, D.O.

P

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date