

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604948

Entity Name: TIM K. MURRAY, D.V.M., P.A.**Current Principal Place of Business:**3201 CRILL AVE.
PALATKA, FL 32177-4158**Current Mailing Address:**3201 CRILL AVE.
PALATKA, FL 32177-4158 US**FEI Number: 59-1500543****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TIM K. MURRAY, DVM
3201 CRILL AVENUE
PALATKA, FL 32177 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	TIM K. MURRAY, DVM
Address	3201 CRILL AVENUE
City-State-Zip:	PALATKA FL 32177

Title	VPO
Name	VIRGINIA P. MURRAY
Address	3201 CRILL AVE.
City-State-Zip:	PALATKA FL 32177

Title	S
Name	JENNIFER M. WELLS, DVM
Address	3201 CRILL AVE
City-State-Zip:	PALATKA FL 32177

Title	T, CFO
Name	KELLY M. JOHNSON, DVM
Address	3201 CRILL AVE.
City-State-Zip:	PALATKA FL 32177-4158

Title	TD
Name	SHANE E. MURRAY
Address	3201 CRILL AVE.
City-State-Zip:	PALATKA FL 32177

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: SHANE E. MURRAY**TREASURER/DIRECTOR****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date