

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 604948

FILED
Oct 21, 2009
Secretary of State

Entity Name: TIM K. MURRAY, D.V.M., P.A.

Current Principal Place of Business:

3201 CRILL AVE.
PALATKA, FL 321774158

New Principal Place of Business:

Current Mailing Address:

3201 CRILL AVE.
PALATKA, FL 321774158

New Mailing Address:

FEI Number: 59-1500543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, TIM K DVM
3201 CRILL AVENUE
PALATKA, FL 32177 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: TIM K. MURRAY, DVM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, TIM K DVM
Address: 3201 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: VPO () Delete
Name: VIRGINIA P. MURRAY
Address: 3201 CRILL AVE.
City-St-Zip: PALATKA, FL 32177

Title: ST () Delete
Name: JENNIFER M. WELLS
Address: 3201 CRILL AVE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: KELLY M JOHNSON
Address: 3201 CRILL AVE
City-St-Zip: PALATKA, FL 32177

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:

I hereby certify that the information supplied with this filing does not qualify 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: TIM K. MURRAY, DVM

Electronic Signature of Signing Officer or Director

PD

10/21/2009

Date