

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604948

FILED  
Feb 19, 2010  
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:

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: TIM K. MURRAY, DVM

02/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: D  
Name: KELLY M. JOHNSON, DVM  
Address: 3201 CRILL AVE  
City-St-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: TIM. K. MURRAY, DVM

PD

02/19/2010

Electronic Signature of Signing Officer or Director

Date