## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 652829

(3)

GWINN MURRAY, M.D., P.A.

Principal Place of Business

Mailing Address

301 SOUTH MAITLAND AVENUE MAITLAND FL 32751

301 SOUTH MAITLAND AVENUE MAITLAND FL 32751

## FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified		
2. Princinal P	lace of Business	2a. Kaijing Address			01/21/1980 4. FEI Number	<del></del>	
_ ^ ^	0x 941499	26. Kniling Address 26. 7.0-80X941479			59-1958691	<del> </del>	olied For Applicable
Suite, Apt. #, etc  22 MAITIAND FL		Suito, Apt. #, etc. 27 MATTIAND, FL			5. Certificate of Status Desired S8.75 Additional Fee Regulred		dditional
City & State 3279	4-1479 USA	City & State 28 32794-14	79	usA-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 A	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the curre	nt year Inta	ngible
24	25 9. Name and Address of Current	29 September 1	30	·			No
· · · · · · · · · · · · · · · · · · ·		uadistelen våeur		Name	10. Name and Address of New Registered Ag	jent	
Murray, Gwinn 123 Whitecaps Maitland FL 32751							
				Street Addr	ess (P.O. Box Number is Not Acceptable)		
				33			<del></del>
			١.	4 City	,	aa 2: 0	
				1 1	FL	<b>85</b> Zip Co	
office of re	to the provisions of Sections 607,0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	il Florida. Such change was ai	uthorized	by the corporati	oration submits this statement for the purpose of c ion's board of directors. I hereby accept the appoin	hanging its niment as re	registered agistered
SIGNATURE	Signature, typed or printed name of regestired age of	and title if applicable (NOTE	Registered A	Agent signaturo require	ed when reinstating) DATE		
12.	OFFICERS AND	- commercial contraction and a second contraction of the second contra	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	IN 12
TITLE	PDS	L∐ D€LETE	111IIL	E .		Change	☐ Addition
NAME	MURRAY, GWINN		1.2 NAM	·			
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NAME		perie	2.1 IUU		<u></u>	Change	☐ Addition
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City-St-ZiP				-SI-ZIP			
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STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	- \$1- ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
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TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	· \$1-2IP			
indicated of officer or of	on t <b>his</b> annual report or supplemental a	annual report is true and accu er or trustee empowered to ex mort with an address	rate and t xecute this	hal my signatur	Section 119.07(3)(i), Florida Statutes. I further certife shall have the same legal effect as if made under ired by Chapter 607, Florida Statutes; and that my	nath that I	lam an