

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719919 (3)

1. Corporation Name

MORSE BOULEVARD PROFESSIONAL CENTER, INC.

Principal Place of Business

800 WEST MORSE BLVD
C/O P.O. BOX 1328
WINTER PARK FL 32789-3735

Mailing Address

800 WEST MORSE BLVD
C/O P.O. BOX 1328
WINTER PARK FL 32789-3735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1970

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1324598

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☐

8. This corporation has liability for intangible
Florida Statutes ☐ Yes ☒ No *N/D \$100K*

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAH, KENNETH F
800 W MORSE BLVD
WINTER PARK FL 32789

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
STD	MURRAH, KENNETH F	800 W MORSE BLVD	WINTER PK, FL 00000
PD	MADISON, JAMES	800 W MORSE BLVD	WINTER PK, FL 00000
D	HAWLEY, MALCOLM E	800 W MORSE BLVD	WINTER PK, FL 00000
VD	ROBINSON, TED	800 W MORSE BLVD	WINTER PK, FL 00000
D	MCCOY, DAVID C.	800 W. MORSE BLVD.	WINTER PARK FL
D	HAND, THOMAS B.	800 W. MORSE BLVD.	WINTER PARK FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY, ST, ZIP</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY, ST, ZIP</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY, ST, ZIP</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY, ST, ZIP</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY, ST, ZIP</td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth F. Murrah Sec. - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (40) 644-9801
Date Signature