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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719919

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1970

4. FEI Number

59-1324598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME MURRAH, KENNETH F  
STREET ADDRESS 800 W MORSE BLVD  
CITY-ST-ZIP WINTER PK, FL 00000

TITLE PD ☐ DELETE

NAME MADISON, JAMES  
STREET ADDRESS 800 W MORSE BLVD  
CITY-ST-ZIP WINTER PK, FL 00000

TITLE D ☐ DELETE

NAME HAWLEY, MALCOLM E  
STREET ADDRESS 800 W MORSE BLVD  
CITY-ST-ZIP WINTER PK, FL 00000

TITLE D ☐ DELETE

NAME TILLERY, DON E JR  
STREET ADDRESS 800 W MORSE BOULEVARD  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME MCCOY, DAVID C.  
STREET ADDRESS 800 W. MORSE BLVD.  
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME HAND, THOMAS B.  
STREET ADDRESS 800 W. MORSE BLVD.  
CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(407) 644-9801

Daytime Phone #

CR2E037 (1/98)