2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2006 8:00 am Secretary of State

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DOCUMENT # 719919 1. Entity Name MORSE BOULEVARD PROFESSIONAL CENTER, INC.						V	4-04-20	00 300-	14 013 **** ₍	01.23	
Principal Place 800 WEST MI SUITE 1 WINTER PARI		Mailing Address P O BOX 1328 WINTER PARK, FL 3279	0 BOX 1328			20.024738					
2. Principal Place of Business 3		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			032720	06 Ch	g-NP	CR2	E037 (11/05)		
City & State		City & State			4. FEI NL 59-1	mber 324598	3		 - -	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certific	cate of Sta	itus Desired	a 🗆	\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name	and Addr	ess of Nev	v Register	ed Agent		
MURRAH,	KENNETH F		Name								
800 W. MC STE 1	DRSE BLVD		Street Address			(P.O. Box Number is Not Acceptable)					
WINTER P	ARK, FL 32789							-4			
	4. A. C.		City					-	Zip Cod	le	
8. The above the obligat	named entity submits this statement foi ions of registered agent.	r the purpose of changing its re	gistered office	or register	ed agent, o	r both, in t	he State of	Florida. I	am familiar with	and accept	
SIGNATURE .	*50		ái.				``				
		and the Handler Land of the Control									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating	p)		DA	TE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attacknown with an address, with ell other like empowered.

SIGNATURE:

| Value | Value