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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # 464262 (5)

WILLIAM J. MURRAY, D.D.S. PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
3409 S.MANHATTAN AVE. TAMPA FL 33629	3409 S.MANHATTAN AVE. TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1974	3a. Date of Last Report: 03/18/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 59-1558823	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MURRAY, WILLIAM J.
3409 S. MANHATTAN BLVD.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3409 S. MANHATTAN AVE

83

84 City: TAMPA FL 85 Zip Code: 33629

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: (Typed or printed name of registered agent and title if an officer) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: MURRAY, WILLIAM J. STREET ADDRESS: 3409 S. MANHATTAN AVE CITY-ST-ZIP: TAMPA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Murray William J. Murray 2-21-95 813-855-7333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE DAYTIME PHONE NUMBER

0303040 CP