

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 846249 (1)

1. Corporation Name

DAVID T. MURRAY, M.D., P.A.

95 JAN 13 AM 10:13

Principal Place of Business

**1876 RIVER ROAD
JACKSONVILLE FL 32207
US**

Mailing Address

**1876 RIVER ROAD
JACKSONVILLE FL 32207
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1980

3a. Date of Last Report

03/22/1994

4. FEI Number

74-1955963

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, DAVID T., M.D.
1876 RIVER ROAD
JACKSONVILLE FL 32207**

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 of Registered Agent (Typed Name of Registered Agent)

Signature of Registered Agent (Typed Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PVD	1. TITLE	☐ Change ☐ Addition
2. NAME	MURRAY, DAVID T., M.D.	2. NAME	
3. STREET ADDRESS	1876 RIVER ROAD	3. STREET ADDRESS	
4. CITY, ST, ZIP	JACKSONVILLE FL	4. CITY, ST, ZIP	
5. TITLE	ST	5. TITLE	☐ Change ☐ Addition
6. NAME	MURRAY, DAVID T., M.D.	6. NAME	
7. STREET ADDRESS	1876 RIVER ROAD	7. STREET ADDRESS	
8. CITY, ST, ZIP	JACKSONVILLE FL	8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 officer or member 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 attached sheet with an address.

SIGNATURE:

David T. Murray, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David T. Murray, M.D. 1/8/95

396-1174
Telephone Number