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

PROFIT
CORPORATION
ANNUAL REPORT

**1996**

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

DOCUMENT # **846249** **(1)**

1. Corporation Name

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

Principal Place of Business

**1876 RIVER ROAD**
**JACKSONVILLE FL 32207**
**US**

Mailing Address

**1876 RIVER ROAD**
**JACKSONVILLE FL 32207**
**US**

3. Date Incorporated or Qualified: **06/16/1980**

3a. Date of Last Report: **01/13/1995**

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 | Suite, Apt. #, etc. 22 | City, & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City, & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

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

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 Section 607.0502 and 617.1502, 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 | Name of New Registered Agent (typed or printed) | DATE

12. OFFICERS AND DIRECTORS

TITLE: **PVD** ☐ DELETE
NAME: **MURRAY, DAVID T.,M.D.**
STREET ADDRESS: **1876 RIVER ROAD**
CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE: **ST** ☐ DELETE
NAME: **MURRAY, DAVID T.,M.D.**
STREET ADDRESS: **1876 RIVER ROAD**
CITY-ST-ZIP: **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 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 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 added above.

**SIGNATURE:** David T. Murray MD 1/18/96 (904) 396-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)