2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

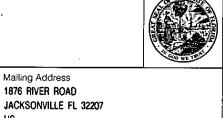
DOCUMENT# 846249

1. Entity Name

SIGNATURE:

Principal Place of Business

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



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90104 006 ***150.00

1876 RIVER F JACKSONVILL US			1876 RIVER ROAD JACKSONVILLE FL 32207 US	JACKSONVILLE FL 32207			I idanga janju djara basar kasar arang kan digal bahan arang bahan bahan bahan bahan bahan bahan bahan saban	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address				
Suite, Apt	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State	City & State			FEI Number 74-1955963 Applied For Not Applicable	
Zip Country			Zip	Zip Country		5.	Certificate of Status Desired Sa.75 Additional Fee Required	
	6. Name	and Address of Cu	rrent Registered Agent			7.	Name and Address of New Registered Agent	
					Name			
MURRAY,	DAVID T.,M	.D.		0. 1411		(20.0		
1876 RIVE	R ROAD			Street Address (P.O.			Box Number is Not Acceptable)	
	IVILLE FL 32	2207						
			City			FL Zip Code		
8. The above the obligate SIGNATURE	tions of regist	y submits this statemered agent.	ent for the purpose of changing its	registere	ed office or regis	tered aç	gent, or both, in the State of Florida. I am familiar with, and accept	
	Signature, typed	or printed name of registered	agent and title if applicable. (NOTE	E: Registered	d Agent signature requi	iired when r	reinstating) DATE	
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550 Florida Departme	0.00	ite			9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees	
10.		OFFICERS	AND DIRECTORS	11.		ΑĽ	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1876 RIVE	PVD Dele MURRAY, DAVID T.,M.D. 1876 RIVER ROAD JACKSONVILLE FL			LE		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURRAY, 1 1876 RIVE JACKSON\	r road	☐ Delete			• • •	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N THE STATE	and and	☐ Delete			-	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Đelete		T ADDRESS ST-2IP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition	
niulcated	on this report	or supplemental rep	off is true and accurate and that m	itennia vi	ire shell have the	a coma l	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if	