2002 UNIFORM BUSINESS REPORT (UBR)

Jul 29, 2002 8:00 am Secretary of State G61952 DOCUMENT # 1. Entity Name 07-29-2002 90007 006 ***150.00 DENIS M. MURPHY, M.D., P.A. Principal Place of Business Mailing Address 1411 N FLAGLER DR 1411 N FLAGLER DR 7800 7800 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2330209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, DENIS M. Street Address (P.O. Box Number is Not Acceptable) 1411 N FLAGLER DR #7800 W. PALM BEACH FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (4/02) ☐ Delete TITLE MURPHY, DENIS M MD NAME 1411 N FLAGLER DR #7800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MURPHY, JOAN D. NAME STREET ADDRESS 1411 N FLAGLER DR #7800 STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33401 CITY-ST-ZIE TITLE Delete - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

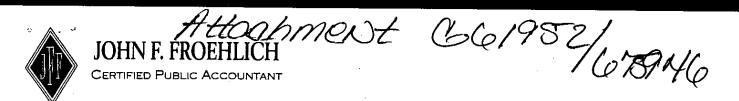
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regener or trustee singlewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachi

SIGNATURE:

7-19-02 / 521-832-1643

FILED



July 24, 2002

Divisions of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Denis M. Murphy, M.D., P.A.

Document # G61952 / FEI # 59-2330209

To Whom It May Concern:

Please be advised that this is the first notification the above client remembers receiving.

Enclosed please find their check # 5877 in the amount of \$150.00. This client has always filed in a timely fashion. Thank you in advance for your consideration.

Sincerely,

John F. Froehlich, CPA

12773 WEST FOREST HILL BLVD. SUITE 214 WELLINGTON, FL 33414 (561) 795-9500 • Fax (561) 790-1098 Email: jfroehl475@aol.com