FILED
Apr 15, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G61952

1. Entity Name
DENIS M. MURPHY, M.D., P.A.

Principal Place of Business	Mailing Address
1411 N FLAGLER DR 7800 W. PALM BEACH, FL 33401 US	1411 N FLAGLER DR 7800 W. PALM BEACH, FL 33401 US

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2330209
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DENIS M.
1411 N FLAGLER DR
#7800
W. PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000307891 04/15/05 00075 001 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, DENIS M MD
STREET ADDRESS	1411 N FLAGLER DR #7800
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	ST
NAME	MURPHY, JOAN D.
STREET ADDRESS	1411 N FLAGLER DR #7800
CITY-ST-ZIP	W. PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denis M Murphy MD 4.12.05 5618321643
SIGNATURE AND TYPED OR PRINTED NAME OF DENIS OFFICER OR DIRECTOR — Date — Daytime Phone #

Denis M. Murphy M.D.