

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # H88350 (4)

1. Corporation Name

F. REED MURTAGH, M.D., P.A.



Principal Place of Business

% F. REED MURTAGH
3301 ALUMNI DRIVE
TAMPA FL 33612

Mailing Address

% F. REED MURTAGH
3301 ALUMNI DRIVE
TAMPA FL 33612

3. Date of Incorporation or Qualification 12/04/1985

3a. Date of Last Period 03/02/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEIN Number 59-2612435

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

9. Name and Address of Current Registered Agent

MURTAGH, F. REED
3301 ALUMNI DRIVE
TAMPA FL 33612-9413

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 Sections 607.0507 and 607.1503, 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

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
NAME	PD MURTAGH, F. REED M.D.	☐ DELETE
STREET ADDRESS	1179 SHIPMATCH CIRCLE	
CITY, ST, ZIP	TAMPA FL	
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.6		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12.7		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

CR2E034 (12/95)