FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H88350

(4)

FILED Jan 15 1998 8:00am Secretary of State

F. REED MURTAGH, M.D., P.A.											
Principal Plac	Mailing Address	·				-					
% F. REED MURTAGH % F. REED MURTAGH								·			
3301 ALUMNI DRIVE 3301 ALUMNI DRIVE TAMPA FL 33612								DO NOT WRITE IN THIS SPACE			
				•				3. Date Incorporated or Qualified			
Data da at								12/04/1985			
				Mailing Address				4. FEI Number		-	pplied For
Suite, Apt. #, etc.			26 Suite, Apt. #.	Suite, Apt. #, etc.			59-2612435	e c		lot Applicable Additional	
22			27					5. Certificate of Status Desired			Additional lequired
City & State			City & State	- 				6. Election Campaign Financing			May Be
23 Zip	Zip Country		28		Country			Trust Fund Contribution			to Fees
24	25		29			Country		 This corporation owes or has paid the Personal Property Tax due June 30. 	current y		itanglible ☑ No
24	g. Name	and Address of Curre		[30]	1			10. Name and Address of New Register			
MI	IRTAGH F	REEN			81	Nar	ne				
MURTAGH, F. REED 3301 ALUMNI DRIVE						Ctra	at Asides	(D.O. Day Musslandia National Assessments)			
TAMPA FL 33612-9413					82 Street Addre			ss (P.O. Box Number is Not Acceptable)			
	, , , , , , ,	012 0110			83						
•					84	City			85	Zip	Code
11. Pursuant	to the provis	ions of Sections 607.050	22 and 607, 1508, Florid	a Statutes, the	above	l e-nam	ed corpo			ging i	ts registered
agent. I a	am familiar w	ith, and accept the oblig	ations of, Section 607.	ge was authoriza 5505, Florida Sta	ea by stutes	/ INE 0 3.	orporatio	ration submits this statement for the purpos n's board of directors. I hereby accept the	appointm	ent as	registered
SIGNATURE											
45	Signature, typeo	or printed name of registered agr				ent signa	ture required	when reinstating) DAT			
12.	PD	OFFICERS AN	D DIRECTORS	FTF 111	ITLE			ADDITIONS/CHANGES TO OFFICERS	AND DIRE		RS IN 12
NAME	–	GH, F. REED M.D.			IAME					nange	LI Addition
STREET ADDRESS 1046 ROYAL PASS				1,3 STREET ADDRESS			ie l				
CITY-ST-ZIP	TAMPA				HTY-S		~				
TITLE	.,		DE		TLE	1 - 231	· · · · ·			hange	Addition
NAME				2.21	IAME				_	•	
STREET ADDRESS	T ADDRESS			2,3 \$	TREET	ADORES	s				
CITY - ST - ZIP				2. 4	CITY-S	T-ZIP					
TITLE			☐ DE	.ETE 3.1 T	ITLE				C	hange	Addition
NAME				3.2 1	IAME						
STREET ADDRESS	ļ			3.3 9	THEET	ADDRES	5				
CITY-ST-ZIP	[CITY - S	T-ZIP					
TITLE			DEI	ETE 4.1 T	ITLE					nange	☐ Addition
NAME					MAME						
STREET ADDRESS				4.3 9	TREET.	ADDRES	s				
CITY-ST-ZIP			C DEL		ITY-SI	T-ZIP			Па		1 4 . 194
TITLE				5.1 TITLE 5.2 NAME				☐ C	nange	Addition	
NAME CTREET ADDRESS						400055	_				
STREET ADDRESS						ADDRES	٥				
CITY-ST-ZIP TITLE			☐ DEL		ITY-SI	1-21P			☐ CI	nance	Addition
NAME				6.2 N						in igt	TT VARIENTE
STREET ADDRESS				1		ADDRES	s				
CITY-SI-ZIP					ITY-ST		1				
			_					ection 119.07(3)(i), Florida Statutes. I further			

port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: