

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # K12970

1. Entity Name

MURPHY VETERINARY CLINIC, INC.



**FILED
Aug 05, 2008 8:00 am
Secretary of State**

08-05-2008 90003 021 ***150.00



2nd MOORE CR2E034 (4/08)

Principal Place of Business		Mailing Address	
MURPHY VETERINARY CLINIC 2620 S. ORLANDO DR SANFORD FL 32773		MURPHY VETERINARY CLINIC 2620 S. ORLANDO DR SANFORD FL 32773	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WAYNE, SUSAN T DVM 2620 S. ORLANDO DR SANFORD FL 32773			

4. FEI Number	59-2872443	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City FL 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 re-instituting)

DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE, SUSAN 2620 ORLANDO DR SANFORD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Susan I Wayne DVM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-08 407 323 4707
Daytime Phone #