

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-13-2002 90167 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031969

1. Entity Name

Christine A. Murphy, M.D., P.H.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16142 Bellamy Way
Suite, Apt. #, etc.

3. Mailing Address

1512 S. Orange Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Montverde, FLCity & State
Orlando, FL

4. FEI Number

59-3709129

Applied For

Not Applicable

Zip
34756Country
USAZip
32806Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Christine Murphy, MD PA
Street Address (P.O. Box Number is Not Acceptable)

1512 S. Orange Ave.

City Orlando

FL

Zip Code 32806

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.

SIGNATURE

Christine Murphy, MD PA

6/4/02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPChristine Murphy, MD
16142 Bellamy Way
Montverde, FL 34756TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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NAME
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CITY - ST - ZIP**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christine Murphy, MD PA

4/24/02

Date

4074684803

Daytime Phone

CR2E034B (12/01)