2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

V3/17/04

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT # P0300068787 1. Entity Name MARLENE MURPHY, M.D., P.A.						03-22-2004 9	0079 0	O8 ***150.	00	
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Street Address of New Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country					\$8.75 Addi	itional	
MODRE_IGHTH! MV Phy , Martiche 200 6 ORANGE AVE 4759 Reflections Tarkway Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptab		6. Name and Address of Currer	nt Registered Agent				L				
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 Signature, lyose or printed name of registered agent and time if agoinstite. NOTE: Registered Agent upopular recurses when remaining and accept the proposed agent and time if agoinstite. PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 110. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 OFFICERS ADDRESS CITY ST- 2P OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 OFFICERS ADDRESS CITY ST- 2P	Murphy, Marlehr.										
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information											
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.											