2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000084851

1. Entity Name

INTERNAL MEDICINE. EMILIA MURRAY, M.D., P.A.



FILED Mar 26, 2007 08:00 A Secretary of State

Principal Place of Business

1172 GOODLETTE ROAD NORTH

SUITE 202

NAPLES, FL 34102

Mailing Address

1172 GOODLETTE ROAD NORTH

SUITE 202

NAPLES, FL 34102



02272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2954999 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, EMILIA M.D. 1172 GOODLETTE ROAD NORTH SUITE 202 NAPLES, FL 34102

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the obligat	named entity submits this statement for the prices of registered agent.					iliar with, and accept
5,6,0,0,0	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registers	id Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MURRAY, EMILIA 1172 GOODLETTE ROAD NORTH, SU NAPLES, FL 34102	JITE 202				٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000677269 03/30/07-80097-00	8 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, d		
TITLE	Set Men First State					•

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR

3/22/07 239-213-006

Oaytime Phone #