

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084851

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** INTERNAL MEDICINE. EMILIA MURRAY, M.D., P.A.

**Current Principal Place of Business:**

1172 GOODLETTE ROAD NORTH  
SUITE 202  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1172 GOODLETTE ROAD NORTH  
SUITE 202  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-2954999      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: MURRAY, EMILIA MD  
Address: 1172 GOODLETTE ROAD NORTH, SUITE 202  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMILIA MURRAY

DR

04/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date