

**2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000025466

**FILED  
Apr 26, 2011  
Secretary of State**

**Entity Name:** PHYLLIS MURPHY, MD., P.A.

**Current Principal Place of Business:**

401 CORBETT ST., STE 340  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

401 CORBETT ST., STE 340  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 27-2247643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCKOL & ASSOCIATES, P.A.  
111 2ND AVENUE NE  
1401  
ST. PETERSBURG, FL 33701 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: P  
Name: MURPHY, PHYLLIS M.D.  
Address: 33 NORTH GARDEN AVENUE, SUITE 875  
City-St-Zip: CLEARWATER, FL 33701

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: PHYLLIS MURPHY

P

04/26/2011

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

\_\_\_\_\_  
Date