

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000026617

FILED  
Mar 01, 2011  
Secretary of State

Entity Name: TODD L. MURPHY, M.D., P.A.

## Current Principal Place of Business:

C/O BAPTIST MEDICAL CENTER NASSAU  
1250 SOUTH 18TH STREET  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

96324 HIGH POINT DRIVE  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

C/O BAPTIST MEDICAL CENTER NASSAU  
1250 SOUTH 18TH STREET  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

96324 HIGH POINT DRIVE  
FERNANDINA BEACH, FL 32034

FEI Number: 27-2320358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DILLOW, EMILY K  
50 NORTH LAURA STREET, SUITE 2925  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

STECKLEIN, MONIQUE  
367 OSBORNE DR NE  
FORT WALTON BEACH, FL 32548 US

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: MONIQUE STECKLEIN, CPA

03/01/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: MURPHY, TODD L M.D.  
Address: 96324 HIGH POINT DR  
City-St-Zip: FERNANDINA BEACH, FL 32034

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: TODD MURPHY

P

03/01/2011

Electronic Signature of Signing Officer or Director

Date