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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048044
1. Corporation Name
MURPHY VETERINARY HOSPITAL, P.A.

Principal Place of Business: 2387 HWY 98 WEST, MARY ESTHER FL 32569
Mailing Address: 2387 HWY 98 WEST, MARY ESTHER FL 32569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 06/24/1994
4. FEI Number: 59-3242341
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent: MURPHY, BRYAN A, 2387 HWY 98 WEST, MARY ESTHER FL 32569

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MURPHY, BRYAN A	1.2 NAME	
STREET ADDRESS	607 MERIONETH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MURPHY, DEBORAH J	2.2 NAME	
STREET ADDRESS	607 MERIONETH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director: Bryan A. Murphy, DVM, Pres. 1/14/99 850-581-0700

CR2E034 (11/98)