


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01072004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3242341      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
 Trust Fund Contribution.            Added to Fees

000000113599  
 04/15/04-80013-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, BRYAN A
STREET ADDRESS	607 MERIONETH DR
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	D
NAME	MURPHY, DEBORAH J
STREET ADDRESS	607 MERIONETH DR
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Bryan A. Murphy DVM      Bryan A. Murphy DVM      Pres.      2/16/04      850-581-0700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #