

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000048044

1. Entity 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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3242341

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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00000037929F
01/10/06-80017-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

850-591-0700

Daytime Phone #