

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048044

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** MURPHY VETERINARY HOSPITAL, P.A.

**Current Principal Place of Business:**

2387 HWY 98 WEST  
SUITE C  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

2387 HWY 98 WEST  
SUITE C  
MARY ESTHER, FL 32569

**New Mailing Address:**

**FEI Number:** 59-3242341      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MURPHY, BRYAN A  
2387 HWY 98 WEST  
SUITE C  
MARY ESTHER, FL 32569 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MURPHY, BRYAN A  
Address: 607 MERIONETH DR  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D  
Name: MURPHY, DEBORAH J  
Address: 607 MERIONETH DR  
City-St-Zip: FT WALTON BEACH, FL 32547

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: BRYAN A. MURPHY

PRES

01/04/2010

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

\_\_\_\_\_ Date