

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000048044

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2387C W HWY 98  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

607 MERIONETH DR., NE  
FORT WALTON BEACH, FL 32547 17

**Current Mailing Address:**

2387C W HWY 98  
MARY ESTHER, FL 32569

**New Mailing Address:**

607 MERIONETH DR., NE  
FORT WALTON BEACH, FL 32547 17

**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  
2387C W HWY 98  
MARY ESTHER, FL 32569 US

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

MURPHY, BRYAN A  
607 MERIONETH DR., NE  
FORT WALTON BEACH, FL 32547 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/16/2012

Date

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: MURPHY, DEBORAH J  
Address: 607 MERIONETH DR NE  
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

Electronic Signature of Signing Officer or Director

P

01/16/2012

Date