

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000060415 (4)**

1. Corporation Name

DESHOND J. MURPHY DC PA

Principal Place of Business

Mailing Address

**10117 W OAKLAND PARK BLVD
SUITE 389
SUNRISE, FL 33351**

**3594 NW 95 TER
SUNRISE, FL 33351-6449**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	08/17/94	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	05-0512108	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		☐ Yes ☒ No	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		☐ Yes ☒ No	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, Desmond J.
3594 NW 95 TER
SUNRISE, FL 33351**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

DP
MURPHY, Desmond J.
10117 W OAKLAND PARK BLVD SUITE 389
SUNRISE, FL 33351

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*****165.00**

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Desmond J. Murphy DC
Desmond J. Murphy President

4-3-97

P54/P81-7/26

Daytime Phone #