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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030569 (4)

1. Corporation Name

WILLIAM F. MURPHY, D.O., P.A.

Principal Place of Business

1215 S EAST, SUITE 210
SARASOTA FL 34239

Mailing Address

1215 S EAST, SUITE 210
SARASOTA FL 34239-2353



3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

05/29/1996

2. Principal Place of Business

21 1215 S. EAST AVE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE 210

Suite, Apt. #, etc.

27

City & State

23 SARASOTA FL

City & State

28

Zip

24 34239

Country

25 SARASOTA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MURPHY, WILLIAM F
1215 S EAST, SUITE 210
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 true and applicable

(NOTE: Registered Agent signature required when resigning)

DATE

WILLIAM F. MURPHY, D.O., P.A. (President) 4/17/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MURPHY, WILLIAM F
STREET ADDRESS 1215 S EAST, SUITE 210
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE WILLIAM F. MURPHY, D.O., P.A. (President) 4/23/97 941-364

CR2E034 (9/96)