

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030569

1. Entity Name

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

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90089 036 ***158.75

Principal Place of Business

Mailing Address

3900 CLARK ROAD
SUITE B-3
SARASOTA FL 34233
US

8452 EAGLE PRESERVE WAY
SARASOTA FL 34241-9449
US

119076600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

HEALTHCARE AMERICA

8452 EAGLE PRESERVE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3501 CORTEZ ROAD

SARASOTA FLORIDA

City & State

City & State

BRADENTON, FLORIDA

4. FEI Number

65-0572200

Applied For

Not Applicable

Zip

Country

Zip

Country

34210

US

34241

US

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name WILLIAM F. MURPHY D.O.

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

8452 EAGLE PRESERVE WAY

SARASOTA FLORIDA

34241

City

FL

Zip Code

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.

SIGNATURE

William F. Murphy

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MURPHY, WILLIAM F
STREET ADDRESS 8452 EAGLE PRESERVE WAY
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #