2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P95000030569** 1. Entity Name WILLIAM F. MURPHY, D.O., P.A. 04-30-2001 90416 010 ***158.75 Principal Place of Business Mailing Address HEALTHCARE AMERICA 8452 EAGLE PRESERVE WAY 3501 CORTEZ ROAD SARASOTA FL 34241 **BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0572200 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 8450 EAGLE PRESERVE WAY SARASOTA FL 34241 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if appricable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PD ☐ Change Addition 1111,8 De:ete TITLE MURPHY, WILLIAM F NAME NAME STREET ADDRESS 8452 EAGLE PRESERVE WAY STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP SARASOTA FL 34241 TITLE Delete TITLE [7] Channe Addition MAMAR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZP Delete Change Addition TITLE TITLE NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-Z:P THILE ☐ Delete 1118 ☐ Change Addition NAME NAME

13. Thereby certify that the information supplied with this filling 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 in

STREET ADDRESS

CITY-ST-ZIP

STREE: ADDRESS CITY - ST-ZIP

CR2E034 (10/00