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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000080974 (4)**

1. Corporation Name
PATRICK A. MURTHA, M.D., P.A.

Principal Place of Business	Mailing Address
PALM BAY COMMUNITY HOSPITAL PALM BAY FL	PALM BAY COMMUNITY HOSPITAL PALM BAY FL

3. Date Incorporated or Qualified: 10/01/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 PALM BAY COMMUNITY HOSP.
Suite, Apt. #, etc.
22 1425 MALABAR Rd NE
City & State
23 PALM BAY FL
Zip 24 32907 Country 25 USA

2a. Mailing Address
26 1425 MALABAR RD NE.
Suite, Apt. #, etc.
27
City & State
28 PALM BAY FL
Zip 29 32907-2599 Country 30 USA

4. FEI Number: 59 3408064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DINAN, JAY P ESQ.
2112 N. 15TH STREET
SUITE 150
TAMPA FL 33605

same agent new address

10. Name and Address of New Registered Agent

81 Name: DINAN, JAY P. ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 3401 Lightner
83
84 City: TAMPA FL 85 Zip Code: 33629

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 of previous Registered Agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICK A. MURTHA MD	1.2 NAME	
STREET ADDRESS	1425 MALABAR RD NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907-2599	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	

CR2E034 (9/96)

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: Patrick A Murtha PATRICK A. MURTHA 3-16-97 407 722-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0528847