2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90017 006 ***150.00

DOCUMENT # P97000045029

1. Entity Name
MURDOCK FAMILY MEDICINE, P.A.

Principal Place of Business	Mailing Address
~~1649 TAMIAMI TRL~~	~~1649 TAMIAMI TRL~~
PT. CHARLOTTE FL 33948	~~PT. CHARLOTTE FL 33948~~

2. Principal Place of Business	3. Mailing Address
19531 TOLEDO BLADE BLVD	P.O. BOX 510983
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Port Charlotte	PUNTA GORDA, FL
Zip / Country	Zip: 33951-0983 / Country: Charlotte

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0754235 — Applied For ☐ Not Applicable ☐

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
A.G.C. CO. 200 S. ORANGE AVE., 2300 SUN BANK CENTER ORLANDO FL	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	DP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	KENNEDY, DONALD E	NAME	
STREET ADDRESS	~~1649 TAMIAMI TRL.~~	STREET ADDRESS	19531 TOLEDO BLADE BLVD
CITY-ST-ZIP	PT. CHARLOTTE FL 33938	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MCATEE, DAVID L	NAME	
STREET ADDRESS	~~1649 TAMIAMI TRAIL~~	STREET ADDRESS	19531 TOLEDO BLADE BLVD
CITY-ST-ZIP	PORT CHARLOTTE FL 33938	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CRISS, CATHY L	NAME	
STREET ADDRESS	~~1649 TRMIAMI TRAIL~~	STREET ADDRESS	19531 TOLEDO BLADE BLVD
CITY-ST-ZIP	PT CHARLOTTE FL 33943	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VP ☐ Change ☑ Addition
NAME		NAME	STEVEN P. HALASZ
STREET ADDRESS		STREET ADDRESS	19531 TOLEDO BLADE BLVD
CITY-ST-ZIP		CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X _____ David McAtee, MD Secretary 4/27/01 (941) 255-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)