

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90143 047 ***150.00

DOCUMENT # P97000045029

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



Principal Place of Business
**19531 TOLEDO BLVD.
PT. CHARLOTTE FL 33948**

Mailing Address
**P.O. BOX 510983
PUNTA GORDA FL 33951-0983**

2. Principal Place of Business

3. Mailing Address

19531 TOLEDO BLVD

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

Zip
33948

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNEDY, DONALD E 19531 TOLEDO BLVD. PT. CHARLOTTE FL 33938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCATEE, DAVID L 19531 TOLEDO BLVD. PORT CHARLOTTE FL 33938	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT- CRISS, CATHY L 19531 TOLEDO BLVD. PT CHARLOTTE FL 33943	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALASZ, STEVEN P 19531 TOLEDO BLVD. PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.L. MCATEE
Secretary

3/4/03

941 255 3535

Date

Daytime Phone #

CR2E034 (10/02)