, 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P97000106223 1. Entity Name MURRAY N. COLLECTOR, D.C., P.A. Principal Place of Business Mailing Address 6701 38TH AVENUE NORTH 6701 38TH AVENUE NORTH ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 No Chg-P CR2E034 (11/05) 01242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3483626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE COLLECTOR, MURRAY N 6701 38TH AVENUE NORTH ST. PETERSBURG, FL 33710 IN THIS SPACE 3. 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. Speakers, yield or proted name of registered agent and title if applicable. (NOTE: Registered Agent stonature required when remainting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 3111 COLLECTOR, MURRAY N NAME STREET ADDRESS 6701 38TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33710 TITLE HAME //000000417521 02/13/06-80060-009 150.00 STREET ADDRESS CITY-ST-ZP TITLE NAME STREET AGORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C/14-51-2/P

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 oats; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP DDE NAME STREET ADDRESS CSTY-ST-ZIP

NONATURE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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