PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

LIVISION OF CORPORATIONS

DOCUMENT # P98000051017

1. Corporation Name

THOMAS R. MURRAY, M.D., P.A.

Principal Place of Business

Mailing Address

3101 UNIVERSITY BLVD \$.

P O BOX 19792

STE 105

JACKSONVILLE FL 32245

FILED

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SECHEDARY OF STATE TALLAHASSEE, FLORIBA

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iddresses are	incorrect in any way, line th	rough incorrect in	nformation and	enter correction below.	urma	NA FRANCIS		
New Principal Office Address, If Applicable		3. New Maili	ing Office Addr	ess, if Applicable	Date Incorp To Do Busi	porated or Qualified iness in Florida 06/08/1998		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			-			59-3516797 Not Applied P		
	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
and Street Ad	dresses of Each Officer and	I/or Director (Flo	rida nonprofit d	corporations must list at I	east 3 directors)			
Title(s) 1 Name of Officers and/or Directors			3			City / State / Zip		
PSD MURRAY, THOMAS R			167 COASTAL OAK CIRCLE			PONTE VEDRA BEACH FL 32082		
T MURRAY, THOMAS F			43 REGINA RD		<u> </u>	FARMINGDALE NY 11735		
]		30	10004658	8533 <u>-</u> -4	
]						-10/30/011 ****758.75	JIV13U26 ****758.75	
							168	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
MURRAY, THOMAS R				Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
	addresses are incipal Office and Street Ad 2 MURRAY, MURRAY, MURRAY, AY, THOMA	addresses are incorrect in any way, line the incipal Office Address, If Applicable #, etc. Country and Street Addresses of Each Officer and Name of Officers and/or Directors MURRAY, THOMAS R MURRAY, THOMAS F	addresses are incorrect in any way, line through incorrect in incipal Office Address, If Applicable #, etc. City & State Country Zip and Street Addresses of Each Officer and/or Director (Flow Name of Officers and/or Directors) MURRAY, THOMAS R #, Name and Address of Current Registered Agency (AY, THOMAS R)	addresses are incorrect in any way, line through incorrect information and incipal Office Address, If Applicable #, etc. Builte, Apt. #, etc. City & State Country Zip and Street Addresses of Each Officer and/or Director (Florida nonprofit of an Addresses) Name of Officers and/or Directors # 167 COAS MURRAY, THOMAS F 43 REGINA 8. Name and Address of Current Registered Agent AY, THOMAS R	addresses are incorrect in any way, line through incorrect information and enter correction below. incipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable #, etc. Suite, Apt. #, etc. City & State Country and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at Name of Officers and/or Directors Name of Officers and/or Directors MURRAY, THOMAS R 167 COASTAL OAK CIRCLE MURRAY, THOMAS F 43 REGINA RD Name Name Name Name Name Name	Addresses are incorrect in any way, line through incorrect information and enter correction below. Addresses are incorrect in any way, line through incorrect information and enter correction below. A Date Incorrect in Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorrect in Do Busing Country 5. FEI Numbers 6. CERTIFICATI And Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors 167 COASTAL OAK CIRCLE MURRAY, THOMAS R 167 COASTAL OAK CIRCLE MURRAY, THOMAS F 43 REGINA RD 8. Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number) 181 182 183 184 185 185 184 185 185 185 185	And Street Addresses of Each Officer and/or Directors Name of Officers And Reginar RD And Registered Agent And Registered Agent And Registered Address of New Registered Agent And Registered Address of New Registered Agent And Reginar RD And Reginar RD And Reginar RD And Reginar RD And Registered Address of New Registered Agent And Reginar RD And Registered Address of New Registered Agent And Reginar RD And Registered Agent And Registered Agen	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

PONTE VEDRA BEACH FL 32082

REGISTERED AGENT MUST SIGN

Date

10-12-01

State | Zip Code

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Suite, Apt. #, Etc.

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

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