


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90266 029 \*\*\*158.75

DOCUMENT # P98000051017					
1. Entity Name <b>THOMAS R. MURRAY, M.D., P.A.</b>					
Principal Place of Business <b>3101 UNIVERSITY BLVD S. STE 105 JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>P O BOX 19792 JACKSONVILLE, FL 32245 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2030 SOUTHSIDE BLVD</b>		3. Mailing Address <b>2030 SOUTHSIDE BLVD</b>			
Suite, Apt. #, etc. <b>SUITE C</b>		Suite, Apt. #, etc. <b>SUITE C</b>			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>			
Zip <b>32216</b>		Country <b>DUAL</b>		4. FEI Number <b>59-3516797</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>MURRAY, THOMAS R PSD 3101 UNIVERSITY BLVD S. SUITE 105 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>MURRAY, THOMAS R PSD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2030 SOUTHSIDE BLVD</b> <b>SUITE C</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32216</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MURRAY, THOMAS R PSD 3101 UNIVERSITY BLVD S, SUITE 105 JACKSONVILLE, FL 32216</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MURRAY, THOMAS R PSD 2030 SOUTHSIDE BLVD SUITE C JACKSONVILLE FL 32216</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MURRAY, THOMAS F T 43 REGINA RD FARMINGDALE, NY 11735</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Thomas F. Murray</b> <b>THOMAS F MURRAY, TREAS</b> <b>4/29/08</b> <b>249-0410</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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05012008 Chg-P CR2E034 (12/06)

**\$8.75 Additional Fee Required**

**Zip Code 32216**

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