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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42944 (6)

1. Corporation Name
MARIA C. MURRAY DDS PA



Principal Place of Business: C/O FREDERICK B GOMER & ASSOCIATES, 10025 SUNSET STRIP, SUNRISE FL 33322
Mailing Address: C/O FREDERICK B GOMER & ASSOCIATES, 10025 SUNSET STRIP, SUNRISE FL 33322-5303

3. Date Incorporated or Qualified: 04/03/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 10535 NW 11th COURT, PLANTATION, FL 33322, BROWARD
2a. Mailing Address: P.O. Box 450549, SUNRISE, FLORIDA 33345
4. FEI Number: 65-0256797
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [x] Yes [] No

9. Name and Address of Current Registered Agent: MURRAY, MARIA C., 10535 NW 11TH CT, PLANTATION FL 33322
10. Name and Address of New Registered Agent: [] Name, [] Street Address (P.O. Box Number is Not Acceptable), [] City, [] FL, [] Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	[] Change [] Addition
NAME	MURRAY, MARIA C.	1.2 NAME	
STREET ADDRESS	10535 NW 11TH CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	[] Change [] Addition
NAME	MURRAY, MARIA C.	2.2 NAME	
STREET ADDRESS	10535 NW 11TH CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 - if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 1/15/97 Daytime Phone # _____

CR2E034 (9/96)