

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 10535 NORTHWIND 11TH COURT PLANTATION FL 33322 US
Mailing Address: PO BOX 450549 10025 SUNSET STRIP SUNRISE FL 33345 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2910 N. STATE RD 7 SUITE, APT. #, etc. 22 LAUDERDALE LAKES, FL 23 33313 24 FLORIDA 25
2a. Mailing Address: 26 11500 NW 6TH ST SUITE, APT. #, etc. 27 PLANTATION, FL 28 33325 29 FLORIDA 30

3. Date Incorporated or Qualified: 04/03/1991
4. FEI Number: 65-0256797 Applied For: Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

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: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 11500 NW 6TH ST 83 84 City: PLANTATION FL 85 Zip Code: 33313

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: [Signature] DATE: 4-7-98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPS	<input type="checkbox"/>
NAME	MURRAY, MARIA C.	
STREET ADDRESS	10535 NW 11TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/>
NAME	MURRAY, MARIA C.	
STREET ADDRESS	10535 NW 11TH CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	11500 NW 6TH ST.		
1.4 CITY-ST-ZIP	PLANTATION, FL 33325		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	11500 NW 6TH ST		
2.4 CITY-ST-ZIP	PLANTATION, FL 33325		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: [Signature] DATE: 4-7-98

CR2E034 (10/97)