## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 03, 2004 08:00 AM Secretary of State **DOCUMENT # S42944** 1. Entity Name MARIA C. MURRAY DDS PA Principal Place of Business Mailing Address 11500 NE 6TH ST 2910 N STATE RD 7 LAUDERDALE LAKES, FL 33313 US PLANTATION, FL 33325 US 04282004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0256797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAY, MARIA C. DO NOT WRITE 11500 NW 6TH ST PLANTATION, FL 33313 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS DPS TILLE MURRAY, MARIA C. NAME 11500 NW 6TH ST STREET ADDRESS PLANTATION, FL 33325 CRTY-ST-ZIP - U00000155004 05/05/04-80020-013 150.00 TITLE NAME MURRAY, MARIA C. STREET ADDRESS 11500 NW 6TH ST CITY-ST-ZIP PLANTATION, FL 33325 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP WALSE STREET ADDRESS CITY-ST-ZIP

12. 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 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: \_

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE OND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

954-731-7030

Daytime Phone #

FILED