2007, FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S42944

1. Entity Name
MARIA C. MURRAY DDS PA

Principal Place of Business	Mailing Address
2910 N STATE RD 7	11500 NE 6TH ST
LAUDERDALE LAKES, FL 33313 US	PLANTATION, FL 33325 US

DO NOT WRITE IN THIS SPACE

05162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0256797	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, MARIA C.
11500 NW 6TH ST
PLANTATION, FL 33313

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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.   (NOTE: Registered Agent signature required when reinstating)

U00000765096
05/31/07-80425-022 150.00

FILE NOW!!! FEE IS $150.00	9. Election Campaign Financing	**$5.00** May Be	In accordance with s. 607.193(2)(b), F.S., the
Due by September 14, 2007	Trust Fund Contribution. ☐	Added to Fees	corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DDS
NAME	MURRAY, MARIA C.
STREET ADDRESS	11500 NW 6TH ST
CITY-ST-ZIP	PLANTATION, FL 33325

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _MARIA C. MURRAY_   5/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #