

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S42944

**Entity Name:** MARIA C. MURRAY DDS PA

**Current Principal Place of Business:**

4100 S HOSPITAL DRIVE  
SUITE 205  
PLANTATION, FL 33317

**Current Mailing Address:**

11500 NW 6TH ST  
PLANTATION, FL 33325 US

**FEI Number:** 65-0256797

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DDS  
Name            MURRAY, MARIA C.  
Address        11500 NW 6TH ST  
City-State-Zip: PLANTATION FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA C MURRAY

**PRESIDENT**

**06/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date