

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1994.
AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, REMAINING AMOUNT DUE TO REINSTATE: \$475)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 10 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010759 (6)

1. Corporation Name

THOMAS M. FOX, D.O., P.A.

Principal Place of Business

4400 HWY. 20 EAST
MERCHANT'S WALK
NICEVILLE FL

Mailing Address

4400 HWY. 20 EAST
MERCHANT'S WALK
NICEVILLE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEL Number

593228038

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

6. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DR.
SUITE 12
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FOX, THOMAS M

STREET ADDRESS

1156 TROON DR. WEST

CITY-ST- ZIP

NICEVILLE FL 32578

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95 904