2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506542

1. Entity Name

CECIL D. COX, M.D., P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90016 011 ***150.00

Principal Place of Business	Mailing Address
317 WEST MIRACLE STRIP PARKWAY MARY ESTHER FL 32569	PO BOX 143 MARY ESTHER FL 32569-0143 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1684707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COX, MD, CECIL D
1013 B MAR WALT DR
FT WALTON BCH FL 32547

7. Name and Address of ~~New Registered Agent~~ CORRECTION

Name

Street Address (P.O. Box Number is Not Acceptable) 317 W. MIRACLE STRIP PARKWAY

City MARY ESTHER FL Zip Code 32569

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.

SIGNATURE Cecil D Cox MD CECIL D. COX, M.D. 1.31.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COX, CECIL D	NAME	
STREET ADDRESS	317 W. MIRACLE STRIP PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecil D Cox MD CECIL D. COX M.D. 1.31.2000 850.244.3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #