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FILED
Jun 19, 2001 8:00 am
Secretary of State
05-21-2001 90351 005 ***150.00

[redacted]

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008029

1. Entity Name
Hector A. Dox M.D. PA

(1A)

Principal Place of Business
5130 Linton Blvd.
Suite B-2
Delray Beach, Fl
33484

Mailing Address
8330 Sawpine Rd
Delray Beach, Fl
33446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		**3. Mailing Address**	
5130 Linton Blvd		8330 Sawpine Rd	
Suite, Apt. #, etc.: Suite B-2		Suite, Apt. #, etc.:	
City & State: Delray Beach		City & State: Delray Beach	
Zip: 33484	Country: Palm Beach	Zip: 33446	Country: PB

4. FEI Number 650978023 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Hector A. Dox
8330 Sawpine Rd
Delray Beach Fl
33446

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________
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)

[illegible]
After MAY 1, 2001 Fee will be [illegible]
[illegible]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Hector A. Dox MD 8330 Sawpine Rd Delray Beach, Fl 33446 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] 5/1/01 (561) 499-8021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #