

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000052705



1. Entity Name
MICHAEL D. FOX, M.D., P.A.

Principal Place of Business
**1820 BARRS ST., STE. 358
JACKSONVILLE FL 32204**

Mailing Address
**1820 BARRS ST., STE. 358
JACKSONVILLE FL 32204**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90083 047 ***150.00



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3627 University Blvd S
Suite, Apt. #, etc.
Ste 200
City & State
JAX FL

3. Mailing Address
3627 University Blvd S
Suite, Apt. #, etc.
Ste 200
City & State
JAX FL

4. FEI Number **59-3266298** Applied For
Not Applicable

Zip Country Zip Country
32216 USA 32216 USA

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

6. Name and Address of Current Registered Agent

**FOX, MICHAEL D
1820 BARRS ST., STE. 358
JACKSONVILLE FL 32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, MICHAEL D 1820 BARRS ST., STE. 358 JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/24/03** Daytime Phone #

CR2E034 (10/02)