


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P01000056608 1. Entity Name FOX MEDICAL WHOLESALERS INC.	
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Principal Place of Business 6850 S.W. 24TH ST. SUITE 402 MIAMI, FL 33155	Mailing Address 6850 S.W. 24TH ST. SUITE 402 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1111957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOX, ELSA
2557 SW 28 ST.
COCONUT GROVE, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000905852 05/01/08-80068-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOX, ELSA 2557 SW 28 ST. COCONUT GROVE, FL 33133
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-15-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #