2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# P03000048204

Entity Name: LINDA K. FOX, M.D., P.A.

Current Principal Place of Business:

619 COVE BLVD
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

619 COVE BLVD
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 01-0781600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, DERRICK D
4737 BAYWOOD DR
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

FOX, DERRICK D
511 WISCONSIN AVE
LYNN HAVEN, FL 32444 US

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: DERRICK FOX 02/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOX, LINDA K
Address: 4737 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FOX, LINDA K
Address: 511 WISCONSIN AVE
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRICK FOX RA 02/22/2009
Electronic Signature of Signing Officer or Director Date