2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P04000068325

Entity Name: LEE A. FOX, M.D., P.A.

Current Principal Place of Business:

137 BARCELONA DR
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

137 BARCELONA DR
JUPITER, FL 33458

New Mailing Address:

FEI Number: 13-4278974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

NASON YEAGER GERSON WHITE AND LIOCE, P.A.
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH, FL 33401 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: DOMINICK LIOCE, ESQ, 03/10/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

Title: P ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

Title: V ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

Title: S ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

Title: T ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: FOX, LEE A MD
Address: 137 BARCELONA DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEE A FOX, MD PRES 03/10/2009
Electronic Signature of Signing Officer or Director — Date