

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068325

FILED  
Mar 27, 2011  
Secretary of State

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:**

NASON YEAGER GERSON WHITE AND LIOCE, P.A.  
1645 PALM BEACH LAKES BLVD  
SUITE 1200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEE A. FOX, MD

PRES

03/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date