

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140430

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

FILED  
Feb 21, 2009  
Secretary of State

## Current Principal Place of Business:

8380 S.E. 7TH AVENUE ROAD  
OCALA, FL 34480

## New Principal Place of Business:

1056 SW 1ST AVE  
OCALA, FL 34471

## Current Mailing Address:

8380 S.E. 7TH AVENUE ROAD  
OCALA, FL 34480

## New Mailing Address:

FEI Number: 20-5869220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOX, IRA RONALD M.D.  
8380 S.E. 7TH AVENUE ROAD  
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FOX, IRA RONALD M.D.  
Address: 8380 S.E. 7TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IRA RONALD FOX MD

D

02/21/2009

Electronic Signature of Signing Officer or Director

Date