

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90022 013 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P07000092163</b>																																																																																																																																			
<b>1. Entity Name</b> JEFFREY L. COX, P.A.																																																																																																																																			
<b>Principal Place of Business</b> 2101 N.W. CORPORATE BLVD. STE. 216 BOCA RATON, FL 33431			<b>Mailing Address</b> 2101 N.W. CORPORATE BLVD. STE. 216 BOCA RATON, FL 33431																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 2101 NW CORPORATE BLVD. Suite, Apt. #, etc. 218		<b>3. Mailing Address</b> 2101 NW CORPORATE BLVD. Suite, Apt. #, etc. 218																																																																																																																																	
<b>City &amp; State</b> BOCA RATON, FLORIDA		<b>City &amp; State</b> BOCA RATON, FLORIDA		<b>4. FEI Number</b> 26-0800803																																																																																																																															
<b>Zip</b> 33431		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> COX, JEFFREY L. 2101 N.W. CORPORATE BLVD. STE. 216 BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name COX, JEFFREY L. Street Address (P.O. Box Number is Not Acceptable) 2101 NW CORPORATE BLVD., STE 218 City BOCA RATON FL Zip Code 33431																																																																																																																																
<b>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.</b> SIGNATURE:  Jeffrey L. Cox, Registered Agent 03/27/2008 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">PVP</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">PVP</td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">COX, JEFFREY L</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">COX, JEFFREY L</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2101 N.W. 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<b>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.</b>																																																																																																																																			
<b>SIGNATURE:</b>		Jeffrey L. Cox		03/27/2008 (561) 989-9080																																																																																																																															
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			