

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018090 (9)

1. Corporation Name

THE FOX HEALTHCARE CORPORATION OF SOUTH FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/04/1993

3a. Date of Last Report
03/04/1994

4. FEI Number
65-0394906

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.049
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. C/O Mitchell D. Klein PA
Suite, Apt. #, etc.

2a. Mailing Address

26. C/O Mitchell D. Klein, PA
Suite, Apt. #, etc.

22. 1120 E Hallandale Bch Blvd
City & State

27. 1120 E Hallandale Bch Blvd
City & State

23. Hallandale, FL
Zip Country

28. Hallandale FL
Zip Country

24. 33009

25.

29. 33009

30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, MITCHELL D

621 W HALLANDALE BCH BLVD
HALLANDALE FL 33009

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and State of Florida

Signature, typed or printed name of registered agent and State of Florida

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
FOX, STEVEN
1652 NE MIAMI GARDENS DR
N MIAMI BCH. FL 33179

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
FOX, ROBERT
1652 NE MIAMI GARDENS DR
N MIAMI BCH. FL 33179

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/27/94

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