

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018620

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

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

104 WEST HIGHLAND BLVD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

PO BOX 605
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-3166356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, DENNIS MD
104 W HIGHLAND BLVD
INVERNESS, FL 33452 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOX, DENNIS MD
Address: 104 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: FOX, DENNIS MD
Address: 104 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

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: DENNIS FOX MD

DIR

06/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date