FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

516 95 B 6748 C

APPROVED AND FILED
95 MAY 16 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058641 (9)

1. Corporation Name
MICHAEL D. FOX, M.D., P.A.

Principal Place of Business
1981 RIVER RD
JACKSONVILLE FL 32207

Mailing Address
1981 RIVER RD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3627 University Blvd. S. #545
22 Suite, Apt. #, etc: 545 # Suite
23 City & State: Jax FL
24 Zip: 32216
25 Country: Duval

2a. Mailing Address
26 3627 University Blvd. So.
27 Suite, Apt. #, etc: 545 # Suite
28 City & State: Jacksonville FL
29 Zip: 32216
30 Country: Duval

4. FEI Number: 59-3266298 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FOX, MICHAEL D MD
1981 RIVER RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOX, MICHAEL D MD
STREET ADDRESS	1981 RIVER RD
CITY-ST-ZIP	JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

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(3)(i), 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 execute 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] 5/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael D. Fox M.D. P.A

0015067 CP