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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996		DIVISION C	JE CURPUE	RATION:	S 				
DOCUN 1, Corporation	MENT # P9	40000	58641 (	9)						
MICHAE	EL D. FOX, M.D., P.	A.						1111 <b>58</b> 111 <b>66</b> 1	Ar Allen hällä är	in denat erat (a.b.)
Principal Place of	of Business	М	ailing Address				i reditade sin initi nisti denii n	<b>.</b>	#1 #1181 IPE(# W	) (
3627 UNIVERS SUITE 545	SITY BLVD		3627 UNIVERSITY B SUITE 545	LVDS						
JACKSONVILL	E FL 32216		JACKSONVILLE FL	32216			3. Date Incorporated or Qualified	1 20 1	Date of Last F	Panad
US			US				08/05/1994	sa. c	05/16/1	
2. Principal Plac	ce of Business	2a.	. Mailing Address	·····			4. FEI Number			Applied For
Suite, Apt. #	e eta	26	Suite, Apt. #, etc.			<del></del>	59-3266598		60.7	Not Applicable
22	, 610.	27	Suite, Apr. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State	······································		City & State				6. Election Campaign Financing		\$5.0	00 May Be
7.0	Counts	28	7in		untr:		Trust Fund Contribution			d to Fees
Z(p)	Country 25	29	Zip	30	ountry		R. This corporation has liability for Florida Statutes	or intangibi es 🔲 No		199.032,
	g. Name and Address o	1 1	stered Agent	1	Ţ		10. Name and Address of New	Register	ed Agent	
					81 1	Name				
	CHAEL D MD				82 5	Street Addr	ess (P.O. Box Number is Not Accept	able)		
1981 RIV	NVILLE FL 32207				83					
SACION	INVILLE I'L SEZUI								Tapl -	ip Code
					0.0	<u>~··</u>				in Code
						City			· <u>L.</u>   _	
11. Pursuarit to or registere	o the provisions of Sections of agent, or both, in the Statin, and accept the obligations	e of Florida. Such	h change was autho	rized by the	ove-nan	med corpor	ation submits this statement for the p of directors, I hereby accept the ap	surnose of	chapoino its	registered office
11. Pursuarit to or registere familiar with SIGNATURE	ed agent, or both, in the Stat n, and accept the obligations	e of Florida. Sucl s of, Section 607.	h change was autho .0505, Florida Statut	rized by the tes.	pove-nan e corpora	med corporation's boar	rd of directors. I hereby accept the ap	ourpose of oppointment	changing its t as registere	registered office
11. Pursuarit to or registere familiar with SIGNATURE	ed agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of regi	e of Florida. Sucl s of, Section 607.	h change was autho .0505, Florida Statut applicable (	rized by the tes.	oove-nan e corpora ed Agent sig	med corporation's boar	ation submits this statement for the production of directors. I hereby accept the application of directors and dispersion of the production of the productio	purpose of opointment	changing its t as registere	registered office d agent. I am
11. Pursuarit to or regis ere familiar with SIGNATURE	ad agent, or both, in the Stati n, and accept the obligations Signature, typed or printed name of region OFFIC	e of Florida, Suols of, Section 607 stered agent and title if	h change was autho .0505, Florida Statut applicable (	rized by the tes. (NOTE: Registere	oove-nan e corpora ed Agent sig	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its t as registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	ad agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD	e of Florida, Suols of, Section 607 stered agent and title if	h change was autho .0505, Florida Statut applicable ( CTORS	rized by the tes. (NOTE: Register) 13 1.1 1.2	ed Agent sign.  TITLE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its t as registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut applicable ( CTORS	rized by the les. (NOTE: Rugister  13 1.1 1.2 1.3	ed Agent sign. TITLE NAME STREET AD	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its t as registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	ad agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut applicable ( CTORS	rized by the les.  (NOTE: Register  13 1.1 1.2 1.3 1.4	ed Agent sign.  TITLE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its t as registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut applicable ( CTORS	(NOTE: Rugister 13 1.1 1.2 1.3 1.4 2.1	ed Agent sign. TITLE NAME STREET AD CITY- ST - 2	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut applicable ( CTORS	(NOTE: Registers 1.1.1.1.2.1.3.1.4.2.1.2.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.1.2.2.4.3.4.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4	DOVE-TIAN COMPONE COMP	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am ORS IN 12
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho0505, Florida Statut applicable CTORS DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	ed Agent signal street ad agent signal street signal street ad agent signal street sig	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition
11. Pursuarit to or registere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut applicable ( CTORS	NOTE: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	oove-name corpora  and Agent signs.  TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME  STREET AD  CITY-ST-2  TITLE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho0505, Florida Statut applicable CTORS DELETE	NOTE: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	oove-nane corpore  ad Agent signs   TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho0505, Florida Statut applicable CTORS DELETE	NOTE: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	ad Agent sign.  TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AC	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho0505, Florida Statut applicable CTORS DELETE	NOTE: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	oove-nane corpore  ad Agent signs   TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a;gicable CTORS  DELETE  DELETE	NOTE: Registers  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	ed Ageni ski . TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AC CITY-ST-2 TITLE NAME STREET AC CITY-ST-2	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a;gicable CTORS  DELETE  DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 1.2 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2	ed Agent sign.  TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2 TITLE NAME STREET AC CITY-ST-2 TITLE NAME STREET AC CITY-ST-2 TITLE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TOLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a,circable CTORS  DELETE  DELETE	NOTE: Register tes.  (NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	ODVE-DATE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TOLE NAME STREEL ADDRESS CITY-ST-ZIP TILLE	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a;gicable CTORS  DELETE  DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 1.3 1.4 2.1 1.3 1.4 4.1 1.4 2.4 1.3 1.4 4.2 4.3 4.4 5.1	DOVE-DATE OF THE PROPERTY OF T	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TULE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a,circable CTORS  DELETE  DELETE	(NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 1.3 1.4 2.1 1.3 1.4 1.4 2.4 1.3 1.4 4.2 4.3 1.4 4.5 1.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2	DOVE-DATE OF THE PROPERTY OF T	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TULE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a,circable CTORS  DELETE  DELETE	(NOTE: Register tes.)  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	ENAME STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-2	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TULE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a,circable CTORS  DELETE  DELETE	(NOTE: Register tes.)  (NOTE: Register 13  1.1  1.2  1.3  1.4  2.1  2.2  2.3  2.4  3.1  3.2  3.3  4.1  4.2  4.3  4.4  5.1  5.2  5.3  5.4	DOVE-DATE OF THE PROPERTY OF T	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  10.  10.  10.  10.  11.  10.  10.	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a, picable CTORS  DELETE  DELETE  DELETE  DELETE	(NOTE: Register tes.)  (NOTE: Register 13  1.1  1.2  1.3  1.4  2.1  2.2  2.3  2.4  3.1  3.2  3.3  3.4  4.1  4.2  4.3  5.1  5.2  5.3  5.4  6.1	DOVE-DATE  COTPORE  AGAGET SE  TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME  STREET AS  CITY-ST-2  TITLE  NAME  STREET AS  CITY-ST-2  TITLE  NAME  STREET AS  CITY-ST-2  TITLE  NAME  STREET AD  CITY-ST-2  TITLE  NAME  STREET AD  CITY-ST-2  CITY-ST-2  CITY-ST-2  CITY-ST-2  CITY-ST-2  CITY-ST-2  CITY-ST-2	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition
11. Pursuarit to or regis ere familiar with SIGNATURE  12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	od agent, or both, in the Stat n, and accept the obligations Signature, typed or printed name of region OFFIC D FOX, MICHAEL D MD 1981 RIVER RD	e of Florida, Sucts of, Section 607.	h change was autho .0505, Florida Statut a, picable CTORS  DELETE  DELETE  DELETE  DELETE	(NOTE: Register tes.)  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 5.1 5.2 5.3 5.4 6.1	DOVE-TIAN COTPORE  AGENT SEE  TITLE  NAME  STREET AD CITY-ST-2  TITLE  NAME  STREET AS CITY-SI-2  TITLE	med corporation's boar	of directors, i hereby accept the ap	purpose of opointment	changing its tas registere  AND DIRECT Change Change	registered office d agent. I am  ORS IN 12  Addition  Addition  Addition

SIGNATURE: \_

Michael () Fox