

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058641

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

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

3627 UNIVERSITY BLVD
SUITE 200
JACKSONVILLE, FL 32216 US

Current Mailing Address:

3627 UNIVERSITY BLVD
SUITE 200
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

3627 UNIVERSITY BOULEVARD S
SUITE 200
JACKSONVILLE, FL 322164256 US

New Mailing Address:

3627 UNIVERSITY BOULEVARD S
SUITE 200
JACKSONVILLE, FL 322164256 US

FEI Number: 59-3266298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, MICHAEL D MD
937 SARATOGA RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

FOX, MICHAEL D MD
937 SARATOGA DRIVE
JACKSONVILLE, FL 32207 US

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:

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: FOX, MICHAEL D MD
Address: 937 SARATOGA DR
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: FOX, MICHAEL D MD
Address: 937 SARATOGA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL D FOX MD

DR

03/17/2005

Electronic Signature of Signing Officer or Director

Date