FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90073 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058641

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

10091089

Principal Place of Business	Mailing Address
3627 UNIVERSITY BLVD SUITE 615 JACKSONVILLE, FL 32216 US	1820 BARRS ST. SUITE 358 JACKSONVILLE, FL 32204 US

	2. Principal Place of Business	3. Mailing Address
Street	3627 UniversityBlvd S	3627 UniversityBlvd S
Suite, Apt. #, etc.	Suite 200	Suite 200
City & State	JAX Fl	JAX Fl
Zip	32216	32216
Country	US	US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3266298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, MICHAEL D MD
1981 RIVER RD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 937 SARATOGA ROAD
City JACKSONville FL Zip Code 32207

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOX, MICHAEL D MD		NAME		
STREET ADDRESS	937 SARATOGA DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D Fox MD 4/25/03 (904)493-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)