2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# P98000012480

Entity Name: DANIEL B. COX, M.D., P.A.

Current Principal Place of Business:

5818 CENTRE STREET
P O BOX 1429
MELROSE, FL 32666

New Principal Place of Business:

5818 CENTRE STREET
MELROSE, FL 32666

Current Mailing Address:

5818 CENTRE STREET
P O BOX 1429
MELROSE, FL 32666

New Mailing Address:

PO BOX 1429
MELROSE, FL 32666

FEI Number: 59-3490837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNEY, KEVIN I
2631 N.W. 41ST STREET,STE.B-2
GAINESVILLE, FL 32606 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COX, DANIEL B M.D.
Address: PO BOX 1429
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DANIEL B. COX, M.D. PRES 01/11/2009
Electronic Signature of Signing Officer or Director Date