

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90007 010 \*\*\*150.00

DOCUMENT # P98000016175

1. Corporation Name  
FOXMED, INC.

Principal Place of Business  
18402 DEBONAIR PLACE  
LUTZ FL 33549

Mailing Address  
18402 DEBONAIR PLACE  
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/16/1998

4. FEI Number  
59-3493562

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1508 WHITAKER RD

26 1508 WHITAKER RD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 LUTZ FL

28 LUTZ FL

Zip Country

Zip Country

24 33549 25 USA

29 33549 30 USA

9. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ  
ONE BARNETT PLAZA - SUITE 3200  
101 EAST KENNEDY BOULEVARD  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME FOX, MARIANGELA G  
STREET ADDRESS 18402 DEBONAIR PLACE  
CITY-ST-ZIP LUTZ FL 33549

TITLE VD  
NAME RODRIGUEZ, CARMEN M  
STREET ADDRESS 107 EAST JERSEY AVENUE  
CITY-ST-ZIP BRANDON FL 33510

TITLE VD  
NAME BIDWELL, SANDRA L  
STREET ADDRESS POST OFFICE BOX 272833  
CITY-ST-ZIP TAMPA FL 33688-2833

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C/M/S  
1.2 NAME FOX, MARIANGELA A.  
1.3 STREET ADDRESS 15350 AMBERLY DR #3624  
1.4 CITY-ST-ZIP TAMPA FL 33647

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE V/D  
3.2 NAME BIDWELL, SANDRA L  
3.3 STREET ADDRESS 4004 W. MCKAY AVE  
3.4 CITY-ST-ZIP TAMPA, FL 33609

4.1 TITLE T  
4.2 NAME FOX, RALPH S. JR  
4.3 STREET ADDRESS 15350 AMBERLY DR #3624  
4.4 CITY-ST-ZIP TAMPA, FL 33647

5.1 TITLE  
5.2 NAME CONLEY, JAMES  
5.3 STREET ADDRESS 1862 BRANCHWATER TRAIL  
5.4 CITY-ST-ZIP SPRING GARDEN FL 32825

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 813 948-8712

CR2E034 (1/98)