FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P98000016175 1. Entity Name FOXMED, INC. 01-17-2001 90070 006 \*\*\*150 00 Mailing Address Principal Place of Business 150 B WHITAKER RD 150 B WHITAKER RD LUTZ FL 33549 UVAUTU LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3493562 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAXON, BERNICE S ESQ Street Address (P.O. Box Number is Not Acceptable) ONE BARNETT PLAZA - SUITE 3200 101 EAST KENNEDY BOULEVARD **TAMPA FL 33602** Zip Code 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. SIGNATURE \_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change **PCM** ☐ Delete TITLE TITLE NAME FOX. MARIANGELA G NAME 502 S. Florida Avenue # 122 STREET ADDRESS STREET ADDRESS 15350 AMBERLY DR #3624 TARPON SPRINGS, FL 34689 CITY-ST-ZIP TAMPA FL 33647 Delete TITLE TITLE ٧D RODRIGUEZ, CARMEN M NAME STREET ADDRESS STREET ADDRESS 107 EAST JERSEY AVENUE CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 ☐ Change ☐ Addition TITLE ☐ Delete NAME BIDWELL, SANDRA L NAME STREET ADDRESS STREET ADDRESS 4004 W MCKAY AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Addition ☐ Delete TITLE TITLE NAME FOX, RALPH S JR 502 S. Florida Avenue 4 122 STREET ADDRESS STREET ADDRESS 15350 AMBERLY DR #3624 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 **TAMPA FL 33647** Delete Change Addition TITLE CONLEY, JAMES NAME NAME STREET ADDRESS STREET ADDRESS **1862 BRANCHWATER TRAIL** CITY-ST-ZIP CITY-ST-ZIP SPRING GARDEN FL 32835 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attach field with an address, with all other like empowered.

L. BIDWELL