

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016175

Entity Name: FOXMED, INC.

FILED
Mar 03, 2008
Secretary of State

Current Principal Place of Business:

150 B WHITAKER RD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

502 S. FLORIDA AVE
122
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3493562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXON, BERNICE S ESQ
SOUTHTRUST PLAZA, 201 EAST KENNEDY BLVD.
SUITE 600
TAMPA, FL 33602 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: PCM () Delete
Name: FOX, MARIANGELA G
Address: 502 S. FLORIDA AVE., #122
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: FOX, RALPH S JR
Address: 502 S. FLORIDA AVE., #122
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIANGELA G. FOX

PCM

03/03/2008

Electronic Signature of Signing Officer or Director

Date