

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000016175

Entity Name: FOXMED, INC.

**FILED**  
**Feb 18, 2010**  
**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  
Name: FOX, MARIANGELA G  
Address: 502 S. FLORIDA AVE., #122  
City-St-Zip: TARPON SPRINGS, FL 34689

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

I hereby 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 all other like empowered.

SIGNATURE: MARIANGELA G. FOX

PCM

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date