

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90544 040 ***150.00

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DOCUMENT # P98000025827

1. Entity Name
THOMAS J. FIX, M.D., P.A.

Principal Place of Business
3355 BURNS RD
SUITE 105
PALM BEACH GARDENS FL 33410
Changed H2000

Mailing Address
4118 DAKOTA PLACE
PALM BEACH GARDENS FL 33418
Changed H2000

UUUUUU11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
320 RIVERSIDE AVE
 Suite, Apt. #, etc.

3. Mailing Address
1380Z WINDSOR CROWN CTE
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. FEI Number **65-0822075**

Applied For
 Not Applicable

Zip **32202** Country **DIVAL**

Zip **32225** Country **DIVAL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIX, THOMAS J M.D.
4118 DAKOTA PLACE → **1380Z WINDSOR CROWN COWETE**
PALM BEACH GARDENS FL 33418
JACKSONVILLE, FL 32225

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Thomas J. Fix, President*

DATE **4/1/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P FIX, THOMAS	4118 DAKOTA PL	PALM BCH GARDENS FL 33418	<input type="checkbox"/>
	FIX, THOMAS	1380Z Windsor Crown Cte	Jacksonville FL 32225	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Fix, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/1/2001**

DATE

Daytime Phone #

CR2E034 (10/00)