

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025827

1. Entity Name

THOMAS J. FIX, M.D., P.A.

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

04-12-2001 90544 040 \*\*\*150.00

Principal Place of Business

3355 BURNS RD  
SUITE 105  
PALM BEACH GARDENS FL 33410

Mailing Address

4118 DAKOTA PLACE  
PALM BEACH GARDENS FL 33418

Changed 7/2000

Changed 7/2000

2. Principal Place of Business

320 RIVERSIDE AVE

3. Mailing Address

13802 WINDSOR CROWN CT E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

Country

32202

USA

Zip

Country

32225

USA

6. Name and Address of Current Registered Agent

FIX, THOMAS J M.D.  
4118 DAKOTA PLACE  
PALM BEACH GARDENS FL 33418

→ 13802 WINDSOR CROWN CT E  
JACKSONVILLE  
FL 32225

4. FEI Number

65-0822075

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

4/1/2001

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

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	13802 Windsor Crown Ct E	Jacksonville FL 32225	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/>
				<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

4/1/2001

Date

Daytime Phone #

CR2E034 (10/00)