

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S56859 (9)

1. Corporation Name

FRANK COX, D.M.D., P.A.



Principal Place of Business

Mailing Address

21 SOUTH MAIN STREET  
CHIEFLND FL 32626

21 SOUTH MAIN STREET  
CHIEFLND FL 32626

3. Date Incorporated or Qualified  
05/29/1991

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3072259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, FRANK D.M.D.  
21 SOUTH MAIN STREET  
CHIEFLND FL 32626

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

N/A

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME COX, FRANK D.M.D.  
STREET ADDRESS 21 SOUTH MAIN STREET  
CITY-ST-ZIP CHIEFLND FL

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

200001918752  
-08/12/96--01019--010  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be the same as the signature I make under oath, that I am an officer, director, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

904-761-6150

CR2E034 (3/96)