

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S56859 1. Entity Name FRANK COX, D.M.D., P.A.		
Principal Place of Business 21 SOUTH MAIN STREET CHIEFLAND, FL 32626	Mailing Address 21 SOUTH MAIN STREET CHIEFLAND, FL 32626	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01172006 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 59-3072259 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent COX, FRANK D.M.D. 21 SOUTH MAIN STREET CHIEFLAND, FL 32626		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div> <div style="text-align: right; padding-top: 10px;"> U000000431429 02/23/06-80027-014 150.00 </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	COX, FRANK D.M.D.	
STREET ADDRESS	21 SOUTH MAIN STREET	
CITY - ST - ZIP	CHIEFLAND, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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CITY - ST - ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: * 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 2-7-06		Daytime Phone #