**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

· CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65602** **(7)**

1. Corporation Name
**STEVEN FOX AND ROBERT FOX, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1652 NE MIAMI GARDENS DR<br>NORTH MIAMI BEACH FL 33179 | 1652 NE MIAMI GARDENS DR<br>NORTH MIAMI BEACH FL 33179 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **02/17/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 c/o Mitchell D. Klein, PA | 26 c/o Mitchell D. Klein, PA. |
| Suite, Apt. #, etc<br>22 1120 E Hallandale Bch Blvd | Suite, Apt. #, etc<br>27 1120 E Hallandale Bch Blvd |
| City & State<br>23 Hallandale, FL | City & State<br>28 Hallandale FL |
| Zip / Country<br>24 33009 / 25 U.S. | Zip / Country<br>29 33009 / 30 U.S. |

4. FEI Number: **65-0361781** ☐ 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

KLEIN, MITCHELL D.
~~621 W HALLANDALE BEACH BLVD~~ 1120 E Hallandale Bch Blvd
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FOX, STEVEN | 12 NAME | |
| STREET ADDRESS | 401 OCEAN BLVD | 13 STREET ADDRESS | |
| CITY ST ZIP | N MIAMI BEACH FL | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FOX, ROBERT | 22 NAME | |
| STREET ADDRESS | 229 OCEAN BLVD | 23 STREET ADDRESS | |
| CITY ST ZIP | N MIAMI BEACH FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I (We) 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)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Steven J. Fox (Required) 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Signature Required

Q1000773 CP