

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P15000052101

**Entity Name:** FOX MEDICAL CENTER, INC.

**Current Principal Place of Business:**

7700 SW 104 ST  
PINECREST, FL 33156

**Current Mailing Address:**

7700 SW 104 ST  
PINECREST, FL 33156

**FEI Number:** 65-0338031

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FOX, KEVIN B  
7700 SW 104 ST  
PINECREST, FL 33156 US

*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:** KEVIN B FOX

11/09/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FOX, KEVIN B  
Address 7700 SW 104 ST  
City-State-Zip: PINECREST FL 33156

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN B FOX

P

11/09/2016

Electronic Signature of Signing Officer/Director Detail

Date