

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018620

Entity Name: DENNIS FOX, M.D., P.A.

Current Principal Place of Business:

104 WEST HIGHLAND BLVD
INVERNESS, FL 34452

Current Mailing Address:

PO BOX 605
INVERNESS, FL 34451

FEI Number: 59-3166356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOX, DENNIS MD
104 W HIGHLAND BLVD
INVERNESS, FL 33452 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIR
Name FOX, DENNIS MD
Address 104 W. HIGHLAND BLVD.
City-State-Zip: INVERNESS FL 34452

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: DENNIS FOX, MD, PA

DIRECTOR

01/22/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date