

**2021 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

Title            DIRECTOR  
Name            FOX, GRACIA  
Address        104 WEST 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**

**DIRECTOR**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date