

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000016175

Entity Name: FOXMED, INC.

Current Principal Place of Business:

150 B WHITAKER RD
LUTZ, FL 33549

Current Mailing Address:

502 S. FLORIDA AVE
122
TARPON SPRINGS, FL 34689

FEI Number: 59-3493562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAXON, BERNICE SESQ
201 EAST KENNEDY BLVD.
SUITE 600
TAMPA, FL 33602 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 PSTD
Name FOX, MARIANGELA G
Address 502 S. FLORIDA AVE., #122
City-State-Zip: TARPON SPRINGS FL 34689

Title VP
Name CHAPMAN, NICOLE
Address 15175 COPPER LOOP
City-State-Zip: BROOKSVILLE FL 34606

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: MARIANGELA G. FOX

PSTD

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date