## FILED Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90056 034 \*\*\*150 00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000037775  1. Entity Name SAXON FAMILY PRACTICE, P.A.					g y y	<b>.</b> ~	· .		
Principal Plac	e of Business	Mailing Address		•		·			
932 SAXON I ORANGE CITY	BOULEVARD	932 SAXON BOULEVARD ORANGE CITY, FL 32763			` : ·		. ,		
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2. Principal P	3. Mailing Address	<del>-</del>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Number 59-3505773				plied For t Applicable
Zip	Country	Zip Countr		try	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current F		7. Name and	Address of New F	Registered A	gent			
	· · · · · · · · · · · · · · · · · · ·			Name					
BLANK, NEAL S DO									
	N BOULEVARD CITY, FL 32763			Street Address	ress (P.O. Box Number is Not Acceptable)				
<i>≫</i>				City Zip Code					
[ ]									
8. 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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Cempaign Financing \$5.0  Trust Fund Contribution.							-	,	'
10. OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	L CHANGES TO OFF	EICEDS AND	DIRECTOR	S IN 11
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NAME	DIANK NEAL S DO						•		/
STREET ADORESS	2611 White Magnolia Way STRE			ET ADDRESS					
CITY-ST-ZIP	2611 White Hagnolia Way STRE Sanford, Florida 32771 CITY			-ST-ZIP					
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12. Thereby	certify that the information supplied with	this filing does not qualify for	r the exe	emptions containe	a in Chapter 11	9, Florida Statutes.	I lurther certi	ly that the in	niormation

12. Thereby certify that the information supplied with this failing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that if an ano fifteer 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

3867751086

Daytime Phone #