FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # P98000037775 SAXON FAMILY PRACTICE, P.A. Principal Place of Business Mailing Address 932 SAXON BOULEVARD 932 SAXON BOULEVARD ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3505773 \$8.75 Additional 5. Certificate of Status Desired Contracting the same of the strain of the tell of the same Fee Required 6. Name and Address of Current Registered Agent BLANK, NEAL S DO DO NOT WRITE 932 SAXON BOULEVARD ORANGE CITY, FL 32763 IN THIS SPACE 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. U00000833120 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10.

TITLE BLANK, NEAL S DO NAME 2611 WHITE MAGNOLIA WAY STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable