

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000037775

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** SAXON FAMILY PRACTICE, P.A.

**Current Principal Place of Business:**

975 TOWN CENTER DRIVE  
SUITE 300  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

975 TOWN CENTER DRIVE  
SUITE 300  
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number:** 59-3505773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLANK, NEAL S DO  
975 TOWN CENTER DRIVE  
SUITE 300  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BLANK, NEAL S DO  
Address: 975 TOWN CENTER DRIVE, SUITE 300  
City-St-Zip: ORANGE CITY, FL 32763

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: NEAL S BLANK

P

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date