## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000037775

1. Entity Name SAXON FAMILY PRACTICE, P.A.



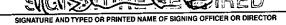
## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90136 039 \*\*\*150.00

					CONT. TO						
Principal Place 932 SAXON BO ORANGE CITY	DULEVARD	Mailing Address 932 SAXON BOULEVARD ORANGE CITY FL 32763									
2. Principal Pla	ace of Business	3. Mailing Address						<b>   </b>	<u> </u>	\$881 8111 1681	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				<b>4.</b> FI	El Number 59-3505773		<u> </u>	plied For t Applicable	
Zip Country  6. Name and Address of Curr		Zip Co					ertificate of Status Desired		\$8.75 Add Fee Required		
		nt Registered Agent			7. Name and Address of New Registered Agent						
					Name						
	ORATION SYSTEM TH PINE ISLAND ROAD	Street			Street Addres	dress (P.O. Box Number is Not Acceptable)					
PLANTATIO	ON FL 33324										
					City	· · · · ·		FL	Zip Cod	е	
8. The above the obligati	named entity submits this statement for some of registered agent.	or the purpose	of changing its	registere	ed office or regis	stered age	ent, or both, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applical	ole. (NOTE	: Registere	d Agent signature requ	uired when rei	instating)	DATE			
FI	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of						9. Election Campaign F Trust Fund Contributi			00 May Be d to Fees	
	OFFICERS AND			11.		AD	L DITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE	DR	DINECTORS	☐ Delete	TITL					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Blank, Neal S DO 519 Sabal Trail Circle Longwood Fl 32779				ET ADDRESS '-ST-ZIP						
<del>·</del>	LONGWOOD 1 E 32/13		Delete	TITL	F F			<del></del>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Odlere	NAM STRI							
TITLE NAME STREET ADDRESS			☐ Delete						Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete						☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Dat

Daytime Phone #