

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000037775

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000037775

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
932 Saxon Blvd
Suite, Apt. #, etc.

3. Mailing Address
932 Saxon Blvd
Suite, Apt. #, etc.

City & State
Orange City, Florida

City & State
Orange City, Florida

Zip
32763

Country
U.S.

Zip
32763

Country
U.S.

4. FEJ Number
59-3505773

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Neal S. Blank, D.O.

Street Address (P.O. Box Number is Not Acceptable)
932 Saxon Blvd

City
Orange City

FL Zip
32763

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]

(NOTE: Registered Agent signature required when renewing)

DATE
7/22/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE <u>D</u>	NAME <u>Neal Blank, D.O.</u>	TITLE	
STREET ADDRESS <u>519 Sabal Trail Cir.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>Longwood, Florida 32779</u>		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:
[Signature]

DATE
7/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/02)

91 5/10