

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000045147

**Entity Name:** SAXON INTERNAL MEDICINE, P.A.

**Current Principal Place of Business:**

975 TOWN CENTER DRIVE  
300  
ORANGE CITY, FL 32763

**Current Mailing Address:**

975 TOWN CENTER DRIVE  
300  
ORANGE CITY, FL 32763 US

**FEI Number:** 45-5299949

**Certificate of Status Desired:** No

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

AHMED, UZMA  
5150 MAJESTIC WOODS PLACE  
SANFORD, FL 32771 US

*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

**Officer/Director Detail :**

Title CEO  
Name AHMED, UZMA  
Address 5150 MAJESTIC WOODS PLACE  
City-State-Zip: SANFORD FL 32771

*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:** UZMA AHMED

P

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date