

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McInam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G32206**

(6)

1. Corporation Name

ALLAN I. JACOB M.D., P.A.

Principal Place of Business

**16401 NORTHWEST 2ND AVENUE #100
NORTH MIAMI BEACH FL 33169**

Mailing Address

**16401 NORTHWEST 2ND AVENUE #100
NORTH MIAMI BEACH FL 33169**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
	Country		Country
24		29	
		30	

9. Name and Address of Current Registered Agent

**BIRNBAUM, MARC P
20801 BISCAYNE BLVD
#400
MIAMI FL 33180**

3. Date Incorporated or Qualified

04/01/1983

3a. Date of Last Report

02/07/1995

4. FFI Number

59-2273998

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	DP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JACOB, ALLAN I		2. NAME	
3. STREET ADDRESS	16401 N W 2ND AVE		3. STREET ADDRESS	
4. CITY-STATE-ZIP	N MIAMI BCH FL		4. CITY-STATE-ZIP	
5. TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME			6. NAME	
7. STREET ADDRESS			7. STREET ADDRESS	
8. CITY-STATE-ZIP			8. CITY-STATE-ZIP	
9. TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			10. NAME	
11. STREET ADDRESS			11. STREET ADDRESS	
12. CITY-STATE-ZIP			12. CITY-STATE-ZIP	
13. TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME			14. NAME	
15. STREET ADDRESS			15. STREET ADDRESS	
16. CITY-STATE-ZIP			16. CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on text attached with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)