

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90045 013 ***150.00

DOCUMENT # G32206
1. Entity Name
ALLAN I. JACOB M.D., P.A.



Principal Place of Business 16800 NW 2ND AVE SUITE 208 NORTH MIAMI BEACH, FL 33169 US	Mailing Address 19559 NE 10TH AVE NORTH MIAMI BEACH, FL 33179 US
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40020003



2. Principal Place of Business - No P.O. Box # 19559 NE 10th AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State North Miami Beach, FL	City & State
Zip 33179	Country U.S.A

4. FEI Number 59-2273998	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BIRNBAUM, MARC P
1031 IVES DAIRY RD., STE 228
MIAMI, FL 33179**

7. Name and Address of New Registered Agent
Name **Birnbaum, Marc P**
Street Address (P.O. Box Number is Not Acceptable)
1041 Ives Dairy Rd Ste 228
City **Miami** FL Zip Code **33179**

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 *Allan Jacob* (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOB, ALLAN J 19559 NE 10TH AVE MIAMI, FL 33179	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Allan Jacob* **2/21/07** **35651-3261**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #