FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049358

1. Corporation Name

E. JAKE JACOBO, M.D., P.A.

FILED Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90051 041 ***150.00

.) 180/184) (18 /8/80 (1/4) 8/4/4 8/4/4 8/4/4 8/4/4 8/4/4 (1/48 1/4/4 8/4/4 8/4/4 8/4/4

					<u>.</u>		
Principal Place of Business Mailing Address							
515 WEST S.R.	434	JACOBO. E JAKE. MD				<u>'</u>	
SUITE 302 P.O.B OX 2285						DO NOT WEITE IN THE SPACE	
LONGWOOD FL 32750 LONGWOOD FL 32752					ļ	DO NOT WRITE IN THIS SPACE	
US						3. Date Incorporated or Qualifed 07/14/1993	
2 Divine Disease Dusiness						4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address			18	() (59-3191235 Not Applicable	
26 (-0-50)			10	_		\$8,75 Additional	
Suite, Apt. #, etc. 27		27 Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State	=14.5" 3.61.61 / 12/28 /3.16		CR	6. Election Campaign Financing \$5.00 May Be	
23 28		28 10 10 10 10 10			Trust Fund Contribution Added to Fees		
Zip	Country	- 302 200 (81/ -	_ Coun	ty	(b-	8. This corporation owes the current year Intangible	
24	25	29 76 1006 3	0	_	<u> </u>	Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
1400	ODO E IAKE		-	81	Name		
JACOBO, E. JAKE 515 WEST S.R. 434			ļ	82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
	E 302) i	83			
LONGWOOD FL 32750				04	Oth.	85 Zip Code	
				84	City	FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove	-named corpor	ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	
office or n	egistered agent, or both, in the State o' m familiar with, and accept the obligation	r Florida, Such change was aut ons of, Section 607,0505, Florid	nonzeo Ia Statut	by t tes.	ne corporation	a \$ board of directors, I hereby accept the appointment as registered	
	The formula that also accept the congeni						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent set					signature required i	when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.4 TITL	Æ	ſ	☐ Change ☐ Addition	
NAME	JACOBO, E. JAKE		1.2 NAM	Æ			
STREET ADDRESS	1700 ALABAMA DR		1.3 STR	ŒET.	ADDRESS	•	
CITY-ST-ZIP	WINTER PARK FL 32789		1,4 C(T)	Y-ST-	-ZIP		
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAM	Æ	1		
STREET ADDRESS			2.3 STR	REET	ADDRESS		
CITY-ST-ZIP			2.4 CIT	Y-ST	r-ZIP		
TITLE	<u> </u>		3.1 TITL			☐ Change ☐ Addition	
NAME			3.2 NAA	ИΕ	Ì		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3.4. CIT				
TITLE			4.1 TITL			Change Addition	
NAME			4. 2 NA				
STREET ADDRESS					ADDRESS		
			4.3 STR		- 1		
CITY-ST-ZIP		□ DELETE	5.1 TITL		- 611"	☐ Change ☐ Addition	
TMLE			5.2 NAA				
NAME		•			ADDRESS		
STREET ADDRESS			5.4 CIT				
CITY-ST-ZIP		☐ DELETE	6.1 TITL		- 401"	Change Addition	
TITLE		☐ nereie	6.2 NAA			C Straigs () toolilor)	
NAME	Salar Salar		4		ADDRESS		
STREET ADDRESS	The state of the s						
CITY_ST_7ID	l •		6.4 CITY	т-S[·	-21"		

14. Thereby 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 annual report or suppliemental 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 if changed or in an attachment with an address, with all other like empowered.

SHORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR