

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000049358

**Entity Name:** E. JAKE JACOBO, M.D., P.A.

**Current Principal Place of Business:**

515 WEST S.R. 434  
SUITE 302  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 1806  
WINTER PARK, FL 32790 US

**FEI Number:** 59-3191235

**Certificate of Status Desired:** No

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

JACOBO, E. JAKE  
515 WEST S.R. 434  
SUITE 302  
LONGWOOD, FL 32750 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 DR.  
Name JACOBO, E. JAKE  
Address 1700 ALABAMA DR  
City-State-Zip: WINTER PARK FL 32789

*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:** E. JAKE JACOBO, M.D.

**PRESIDENT**

**01/11/2014**

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

\_\_\_\_\_  
Date