

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 26 PM 12: 48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **553847** (5)

1. Corporation Name

**JACOBS, COHN & SUAREZ, M.D., P.A.**

Principal Place of Business

Mailing Address

**4302 ALTON ROAD  
STE. 530  
MIAMI FL 33140  
US**

**4302 ALTON ROAD  
STE. 530  
MIAMI FL 33140  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/01/1977**

3a. Date of Last Report

**02/26/1996**

4. FEI Number

**59-1769069**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

**5222 North Bay Rd**

**MIAMI BEACH, FLA**

**33140**

**USA**

9. Name and Address of Current Registered Agent

**MOORE, JAMES, W  
TAYLOR, BRION, BUKER & GREENE  
801 BRICKELL AVE., 14TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number) **200002279002--4**

83 **-08/27/97--01111--001**

84 **\*\*\*\*165.00 \*\*\*\*165.00**

85 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JACOBS, RICHARD F.**  
STREET ADDRESS **5222 NORTH BAY RD**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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 if changed, or on an attachment with an address.

CR2E034 (4/97)

②

**Jacobs, Cohn, Suarez, & Romero, M.D., P.A.**  
**INTERNAL MEDICINE AND GERIATRICS**

**Richard F. Jacobs, M.D., M.B.A.**  
**David M. Cohn, M.D.**  
**M.A. Suarez-Barcelo, M.D.**  
**Carmen Cabeza-Romero, M.D.**  
**Scott S. Glickman, M.D.**  
**George R. Gleisner, M.D.**

**Mount Sinai Medical Center**  
**4302 Alton Road, Suite 530**  
**Miami Beach, FL 33140**  
**Telephone (305) 531-6600**  
**Fax (305) 531-2012**

Friday, August 22, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that we were never in receipt of the first notice for filing this report. We received all of the other notices for annual reports together and they were all filed on time. Please refer to the following corporations:

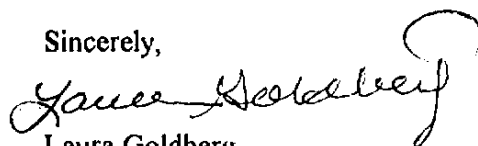
Medical Directions, Inc.	FEI # 65-0248752
New Medical Directions	FEI # 65-0613498
Physicians Group, Inc.	
Internal Medicine Directions, Inc.	FEI # 65-0581945

All of these reports were sent in January along with their respective fees. You will note they were all filed by the signing officer Richard F. Jacobs, MD. If we had received the request for Jacobs, Cohn, Suarez, MD, PA it would have been filed along with the others named above.

Please consider this request to waive the penalty, and accept the enclosed fee of \$165.00.

Thank you for your time and consideration.

Sincerely,

  
Laura Goldberg