

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 600036 (8)
1. Corporation Name
JACOBSON & LEONE, M.D., P.A.



Principal Place of Business
2125 BISCAYNE BLVD.
SUITE 580
MIAMI FL 33137

Mailing Address
2125 BISCAYNE BLVD.
SUITE 580
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		25		09/18/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0937912	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution	
29		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		29		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JACOBSON, GEORGE
2125 BISCAYNE BLVD.
SUITE 580
MIAMI FL 33137

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 607.1508, 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

OFFICERS AND DIRECTORS

12.	TITLE		PD	<input type="checkbox"/> DELETE
	NAME		JACOBSON, GEORGE	
	STREET ADDRESS		2125 BISCAYNE BLVD 580	
	CITY - ST - ZIP		MIAMI FL	
	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			
	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			
	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			
	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.1 TITLE		
	1.2 NAME		
	1.3 STREET ADDRESS		
	1.4 CITY - ST - ZIP		
	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME		
	2.3 STREET ADDRESS		
	2.4 CITY - ST - ZIP		
	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY - ST - ZIP		
	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY - ST - ZIP		
	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY - ST - ZIP		
	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY - ST - ZIP		

14. I 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.

SIGNATURE

[Signature] Filed Feb 2 1998 (25) 593-1122

CR2E034 (10/97)