

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631670

FILED
Feb 07, 2008
Secretary of State

Entity Name: JACOBSON, BAUM & PALUMBO, M.D., P.A.

Current Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-1935343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, SUSAN E
1601 CLINT MOORE ROAD
SUITE 100
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBSON, SAMUEL MD
Address: 1601 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: BAUM, DEBORAH MD
Address: 1601 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487

Title: S () Delete
Name: PALUMBO, RALPH MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: T () Delete
Name: BAUM, DEBORAH MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RALPH PALUMBO MD

S

02/07/2008

Electronic Signature of Signing Officer or Director

Date