2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 631670

FILED Jan 02, 2003 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:	
	ON BLVD			
)3 ELRAY E	BEACH, FL 3:	3484		
urrent Mailing Address:		ss:	New Mailing Address:	
210 LINT	ON BLVD			
)3 ELRAY E	BEACH, FL 3:	3484		
	: 59-1935343	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
500 N.W	LAURIE . 10TH AVE., .TON, FL 334			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. ** RE:	submits this statement for the		ed office or registered agent, or both, Date
the State	e of Florida. ÉRE:Electro			
the State GNATU	e of Florida. ÉRE:Electro	nic Signature of Registered Ag	ent	
the State GNATU	e of Florida. RE: Electro mpaign Financii S AND DIREC P (GREENE, JON 5210 LINTON	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete	ent	Date
the State GNATUI ection Car FFICER le: le: lme: ldress:	e of Florida. RE: Electro mpaign Financii S AND DIREC P (GREENE, JON 5210 LINTON DELRAY BEAN VP (JACOBSON, \$ 5210 LINTON	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete NATHAN I., BLVD., SUITE 103 CH, FL 33484) Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL S. JACOBSON VP 01/02/2003