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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 660841

DANIEL E. JACOME, M.D., P.A.

Principal Place of Business	Mailing Address
7100 W20TH AVE. STE 401 HIALEAH FL 33016	75 MEADOW WOOD DRIVE GREENFIELD MA 01301

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90148 016 ***150.00



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Principal Place of Business Mailing Address						t 105110 Brite attit enskt samt sligt einer aten eren eren eren eren eren eren	
7100 W20TH AVE. STE 401 HIALEAH FL 33016		GF	75 MEADOW WOOD DRIVE GREENFIELD MA 01301			DO NOT WRITE IN THIS SPACE	
		US	•				3. Date Incorporated or Qualifed
							03/20/1980
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
21	***************************************	26					59-1983190 Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	29	Zip	Cou	intry		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Current		stered Agent	1001	I		10. Name and Address of New Registered Agent
					81	Name	
JACOME, DANIEL E, MD, PA 7100 W 20TH AVE, STE 404			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	METTO GENERAL MEDICAL CTR				83		
HIAL	EAH FL 33016				84	City	85 Zip Code
							FL
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florid	da. Such change was a	authorized	vd t	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE			# (SIOT)	E. Basalarad	1 6 4 4 4	t signature segu	uired when reinstating) DATE
12.	Signature, typed or printed name of registered agent			13.	Agair	it signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	JACOME, DANIEL E			1.2 N/	AME		~
STREET ADDRESS	7100 W 20TH AVE, STE 401			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	HIALEAH FL			1.4 Ci	TY-SI	r-ziP	Chara D Addition
TITLE			☐ DELETE	2.1 TI			☐ Change ☐ Addition
NAME				2.2 N			- Annual of the control of the contr
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			☐ DELETE	2. 4 C	ITY-S TLE	11-ZIP	☐ Change ☐ Addition
NAME				3.2 N			
STREET ADDRESS				3.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP	
TITLE			☐ DELETE	4.1 TY	TLE		☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 S	TREET	ADDRESS	
CITY-ST-ZIP			רין אבו בדר		ITY-\$1	T-ZIP	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI		-+	☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREET	F ADDRESS	'
	l .					I	

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

SISWATURE