FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

CUMEN	1T #	6669

(4)

PETER A. JACOBSON, M.D., P.A.



Pancipal Place o	f Business	Maiting Address							
500 VONDERBURG DRIVE SUITE 303 BRANDON FL 33511		4607 CLARKSDALE LN BRANDON FL 33511 US							
					3. Date Incorporated or Qualified	3a. Date of Last Report			
				04/16/1980	<u> </u>	3/31/1995			
. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			pplied For
l		26	<u>-</u>			59-1988450			lot Applicable Additional
Surte, Apt. #,	etc.	Suite. Apt. #, etc.				5. Certificate of Status Desired			lequired
City & State		City & State				6. Election Campaign Financing			May Be
City to cities		28				Trust Fund Contribution			to Fees
Zip	Country	Ζ (ρ 15.1	Coul	ntry		8. This corporation has liability for Florida Statutes Yes	intangible ti	ax under s	199.032,
	9. Name and Address of 0	29 Current Registered Agent	30			10. Name and Address of New F		Agent	
	9, Name and Address of			81	Name				
IACORSO	ON, PETER A			82	Street Ac	dress (P.O. Box Number is Not Acceptat	/ek		
	IRKSDALE LN								
	N FL 33511			В3					
				84	City		FL	85 Zip	Code
		2 0500 and 607 1509 Florida State	tos the abo	VQ.F	named corr	poration submits this statement for the purporary of directors. I hereby accept the app	roce of ch	anning its re	agistered offi
				orp	oration's b	pard of directors. I hereby accept the app	ointment a	s registered	agent. I am
familiar with	i, and accept the obligations of	of, Section 607.0505, Florida Statute	es.				•	3-11.	-96
GNATURE _	Stgredere, typical or printed harve of registe	eent about and tide if applicable	NOTE Registered	Ager	nt signa ure req	ared when remistating)	DATE		
` 2.		HS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			RS IN 12
ır	PD	☐ DELETE	1.1 T					☐ Change	Addition
.Mi	JACOBSON, PETER A.,	M.D.	12 N						
REE! ACIDRESS	500 VONDERBURG DR.	. #303			ADDRESS				
TY-SF-ZIP	BRANDON FL	☐ DELĒĪE	14C 2 1 1		ST - 21P			Change	Addition
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NAME					er address				
STREET ADDRESS									
(11) - \$1 - 7(P) 14 - 17(5) becest	y certify that the information s	supplied with this filing is voluntarily				lify for the exemption stated in Section 11 curate and that my signature shall have the	9.07(3)(k), I	Florida Statu	ites. I further
certify that	it trie information indicated in Tam an officer or director of t n Block 12 or Block 13 if than	this arrival ion or the receiver or tru	istee empow	erec	to execut	lify for the exemption stated in Section 13 curate and that my signature shall have the this report as required by Chapter 607,	Florida Stat	tutes; and th	at my nam

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

3-11-96 (813)681-5702