

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 684194

1. Entity Name
JACOB AND JACOB, M.D., P.A.



Principal Place of Business

**C/O KUREIN JACOB
2101 NE 26TH ST
FT LAUDERDALE, FL 33305**

Mailing Address

**C/O KUREIN JACOB
2101 NE 26TH ST
FT LAUDERDALE, FL 33305**



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2019625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOB, KUREIN
2101 NE 26TH STREET
FT LAUDERDALE, FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000573174
08/02/06-80005-012 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
JACOB, KURIEN
2101 NE 26TH STREET
FT LAUDERDALE FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACOB, MIREILLE C
2101 NE 26TH STREET
FT LAUDERDALE FL,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KUREIN JACOB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-06 544-8542