

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72440

FILED
Mar 04, 2007
Secretary of State

Entity Name: JEFFREY A. TOBIAS, M.D. P.A.

Current Principal Place of Business:

1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133

New Principal Place of Business:

1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133 US

Current Mailing Address:

1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133

New Mailing Address:

1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133 US

FEI Number: 59-2173559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOBIAS, JEFFREY A.
1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

TOBIAS, JEFFREY A P
1 GROVE ISLE DRIVE
STE 509
MIAMI, FL 33133 US

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: JEFFREY A TOBIAS

03/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: TOBIAS, JEFFREY A,
Address: GROVE ISLE DR #509
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOBIAS, JEFFREY A P
Address: GROVE ISLE DR #509
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY A. TOBIAS

P

03/04/2007

Electronic Signature of Signing Officer or Director

Date