


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90045 013 ***150.00

DOCUMENT # G32206 1. Entity Name ALLAN I. JACOB M.D., P.A.					
Principal Place of Business 16800 NW 2ND AVE SUITE 208 NORTH MIAMI BEACH, FL 33169 US			Mailing Address 19559 NE 10TH AVE NORTH MIAMI BEACH, FL 33179 US		
2. Principal Place of Business - No P.O. Box # 19559 NE 10th AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State North Miami Beach, FL Zip 33179		City & State Country U.S.A		4. FEI Number 59-2273998	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BIRNBAUM, MARC P 1031 IVES DAIRY RD., STE 228 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Birnbaum, Marc P Street Address (P.O. Box Number is Not Acceptable) 1041 Ives Dairy Rd Ste 228 City Miami FL Zip Code 33179			
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 <u><i>Allan Jacob</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOB, ALLAN J 19559 NE 10TH AVE MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Allan Jacob</i></u> 2/21/07 35651-3261 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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