

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 023 ***150.00

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DOCUMENT # **H31829**

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



Principal Place of Business
**1501 ALT 19 SOUTH
STE E
TARPON SPRINGS FL 34689**

Mailing Address
**166 OLD OAK CIRCLE
PALM HARBOR FL 34683**



2. Principal Place of Business
1200 SOUTH PINELLAS

3. Mailing Address

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TARPON SPRINGS FL

City & State

4. FEI Number **59-2479101**

Applied For
Not Applicable

Zip
34689

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOB, DAVID, M.D.
166 OLD OAK CIRCLE
PALM HARBOR FL 34683**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *David Jacob*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P JACOB, DAVID, M.D.		NAME	
STREET ADDRESS 166 OLD OAK CIRCLE		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
NAME VPS JACOB, CYNTHIA		NAME	
STREET ADDRESS 166 OLD OAK CIRCLE		STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *David Jacob*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003 **727-945-1929**
DATE DAYTIME PHONE #

CR2E034 (10/02)