

H 70334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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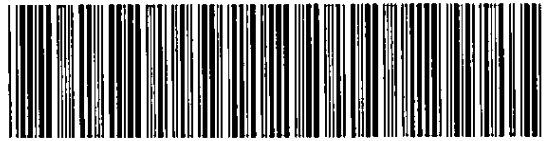
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Corrected info
Attached*

September 7, 2018

ROBERT E JACOBSON MD
ROBERT E JACOBSON, MD CHARTERED
PO BOX 34-7857
CORAL GABLES, FL 33234

SUBJECT: ROBERT E. JACOBSON, M.D., CHARTERED
Ref. Number: H70334

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE PRINCIPAL OFFICE ADDRESS MUST BE A FLORIDA STREET ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00018561

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBERT E Jacobson MD chartered
Name of Corporation

DOCUMENT NUMBER: H 70334

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E Jacobson MD
Name of Contact Person
Robert E Jacobson, MD Chartered
Firm/Company
P O Box 34-7857
Address
Chualar GA 33234
City/State and Zip Code
maritza.jacobson@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maritza Jacobson at (305) 213-7717
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT E. JACOBSON, MD., CHARTERED
2. The principal office address: 2401 ANDERSON ROAD #1 CORAL GABLES, FL 33134

3. The mailing address (if different): P.O. Box 34-7857
CORAL GABLES, FL 33234

4. Date of incorporation/qualification: 08/08/1985 Document number: H70334

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAROL Solomon
1400 W. Commercial Blvd Ste. 137
FT Lauderdale, FL 33309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CAROL SOLOMON
1515 N. UNIVERSITY DR #204B
P.O. Box NOT acceptable
CORAL SPRINGS, FL 33071

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

ROBERT E. JACOBSON, MD.
Printed or typed name and title
DR

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

8/24/11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***