001 UNIFORM BUSINESS REPORT (UBR)

JOHN JACI	KSON, M.D., P.A.								
Principal Place of	Business	Mailing Address							
777 E. 25TH ST. STE. 418 HIALEAH FL 33013		777 E. 25TH ST. STE. 418 HIALEAH FL 33013							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
	 6. Name and Address of Cu	 urrent Registered Agent	<u> </u>						
	·	·	Name						

FILED Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90036 037 ***150.00

Principal Plac	ce of Busines	٠	Mailing Address										
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City & State			City & State				4. FE	l Number	59-262	8181		_ 	oplied For ot Applicable
Zip Country			Zip	ntry		5. Ce	rtificate of	Status Desi	red		\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Current R	egistered Agent				7 Na	me and Ac	dress of N	iew Reg	istered A	gent	
					Name								
	kson, Joh E. 25th St				Street Address (P.O. Box Number is Not Acceptable)								
	. 418 .EAH FL 330	013											
TIMELATTE GOOTG											FL	Zip Cod	е
O The chave		v submits this statement for t	he access of abanains its	inta.	ad affice or	rapistara	d 0000	. ar bath i	in the State	of Floris			
o. The above	riamed entity	y submits this statement for t	ne purpose or changing its	chiere	ea onice or	registere	a ayen	ii, Oi OOtii, i	in the State	OI I IOIIC	ia.		
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required w	vhen reins	tating)			DATE		
													
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00				10. Election	on Campaiç	jn Finan	cing _	\$5.0	0 Мау Ве
_	requirement a ria on back)	and elects to do so.	Make Check Payab					Trust f	Fund Contri	ibution.			l to Fees
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11.	Р	OFFICERS AND D	Delete	TITLI	- 1		AUUI	HONS/CH	ANGES IC	OFFICE	TUO AND	Change	Addition
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STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP	777 C. 2011 OI.			-ST-ZiP									
TITLE	MIALEAM FL 00010		TITL					•			☐ Change	☐ Addition	
NAME -	1			NAM								Change	Addition
STREET ADDRESS	DAOROOM, FAMILIA HEILE			ET ADDRESS									
CITY-ST-ZIP		MIAMI FL 33016			-ST-ZIP							 -	~
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STREET ADDRESS CITY-ST-ZIP					ET ADDRESS								
					-ST-ZIP			_					
i hereby c	certify that the	information supplied with th	is filing does not qualify for	the exe	mption state	ed in Sect	tion 119	9.07(3)(i), F	lorida Statu	ites. I fu	rther certi	fy that the in	formation

indicated on this report or supplemental report in the 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

URE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR