

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90559 043 \*\*\*150.00

**DOCUMENT # P00000016636**

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



Principal Place of Business  
1870 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

Mailing Address  
1870 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

**24054625**



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0982448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SAMANDER, JACOB A M.D.  
1870 N. LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMANDER, JACOB A M.D. 1870 N. LAWNWOOD CIRCLE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: X JACOB SAMANDER MD PA 4-23-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #