


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**


02-09-2004 90033 030 \*\*\*150.00

<b>DOCUMENT # P01000014936</b>	
1. Entity Name <b>JACOBUS ORTHOPEDIC &amp; SPORTS MEDICINE CENTER, INC.</b>	

Principal Place of Business <b>348 N E METHODIST TERRACE SUITE 101 LAKE CITY, FL 32055</b>	Mailing Address <b>348 N E METHODIST TERRACE SUITE 101 LAKE CITY, FL 32055</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**44000721**



01302004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3698932</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JACOBUS, CYNTHIA L 348 N E METHODIST TERRACE SUITE 101 LAKE CITY, FL 32055</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Cynthia L Jacobus* DATE 2/7/04

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBUS, CYNTHIA RT. 17 BOX 828 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBUS, DWIGHT DR. RT. 17 BOX 828 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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 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: *Cynthia L Jacobus* Date 2/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



44008721

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 30, 2004

JACOBUS ORTHOPEDIC & SPORTS MEDICINE CENTER, INC.  
348 N E METHODIST TERRACE  
SUITE 101  
LAKE CITY, FL 32055

SUBJECT: JACOBUS ORTHOPEDIC & SPORTS MEDICINE CENTER, INC.  
Ref. Number: P01000014936

We have received your document for JACOBUS ORTHOPEDIC & SPORTS MEDICINE CENTER, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:  
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

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) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 504A00006603

44008721  
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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314