2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014936 02-09-2004 90033 030 ***150.00 JACÓBUS ORTHOPEDIC & SPORTS MEDICINE CENTER, 44000161 Principal Place of Business Mailing Address 348 N E METHODIST TERRACE 348 N E METHODIST TERRACE SUITE 101 SUITE 101 LAKE CITY, FL 32055 LAKE CITY, FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-3698932 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBUS, CYNTHIA L Street Address (P.O. Box Number is Not Acceptable) 348 N E METHODIST TERRACE **SUITE 101** LAKE CITY, FL 32055 Zip Code nurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligation of degistered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and til applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 _ [Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE JACOBUS, CYNTHIA NAME NAME RT. 17 BOX 828 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP LAKE CITY, FL 32055 Change ☐ Addition Delete TITLE TITLE JACOBUS, DWIGHT DR. NAME NAME STREET ADDRESS STREET ADDRESS RT. 17 BOX 828 CITY-ST-ZIP LAKE CITY, FL 32055 CITY-ST-ZIP TITLE" ☐ Change Addition Delete 3 mi* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attai

CITY-ST-ZIP

THE

NAME STREET ADDRESS

TITLE

NAME

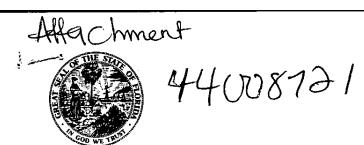
STREET ADDRESS CITY-ST-ZIP

Delete

☐ Change

☐ Addition

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 30, 2004

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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

ffice have any quiedness enconsing the filtigial near copument, please eating any anatomount.

Pleass return your document, along with a copy of this letter, within 80 days or your filing will be ponsidered abandoned.

भेकत्विस्य । एक १८०० । इन इक्ष्मिल १० वर्षा १०