2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# P01000014936

Entity Name: JACOBUS ORTHOPEDIC & SPORTS MEDICINE CENTER, INC.

Current Principal Place of Business:

501 CIRCLE DR. STE 1
LAKE CITY, FL 32055

New Principal Place of Business:

348 N E METHODIST TERRACE
SUITE 101
LAKE CITY, FL 32055

Current Mailing Address:

501 CIRCLE DR. STE 1
LAKE CITY, FL 32055

New Mailing Address:

348 N E METHODIST TERRACE
SUITE 101
LAKE CITY, FL 32055

FEI Number: 59-3698932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBUS, CYNTHIA L
563 EAST FRANKLIN STREET
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

JACOBUS, CYNTHIA L
348 N E METHODIST TERRACE
SUITE 101
LAKE CITY, FL 32055

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.

SIGNATURE: CYNTHIA L. JACOBUS 02/25/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACOBUS, CYNTHIA
Address: RT. 17 BOX 828
City-St-Zip: LAKE CITY, FL 32055

Title: V ( ) Delete
Name: JACOBUS, DWIGHT DR.
Address: RT. 17 BOX 828
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. JACOBUS PRES 02/25/2003
Electronic Signature of Signing Officer or Director Date