


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 08:00 AM**  
**Secretary of State**


DOCUMENT # P01000016298  
 1. Entity Name  
 JACOBO A. CRUZ, M.D., P.A.



Principal Place of Business  
 4400 BAYOU BLVD STE 51  
 PENSACOLA, FL 32503

Mailing Address  
 4400 BAYOU BLVD STE 51  
 PENSACOLA, FL 32503

**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 02-0534427 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CRUZ, JACOBO A  
 4400 BAYOU BLVD STE 51  
 PENSACOLA, FL 32503

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 CRUZ, JACOBO A 4400 BAYOU BLVD STE 51 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000161778  
 05/28/04-80004-006 150.00

**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)(b), 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 807, 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04 (850) 969-0748  
 Date Daytime Phone #