

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052970

Entity Name: DR. JACOB SMALL, P.A.

FILED
Mar 25, 2004
Secretary of State

Current Principal Place of Business:

12901 SW 147 LANE RD
MIAMI, FL 33186

New Principal Place of Business:

PO BOX 143410
CORAL GABLES, FL 331143410

Current Mailing Address:

12901 SW 147 LANE RD
MIAMI, FL 33186

New Mailing Address:

PO BOX 143410
CORAL GABLES, FL 331143410

FEI Number: 65-1103202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL, JACOB DR.
12901 SW 147 LANE RD
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SMALL, JACOB DR.
PO BOX 143410
CORAL GABLES, FL 331143410 US

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: DR JACOB SMALL

03/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: SMALL, JACOB
Address: 12901 SW 147 LANE RD
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: SMALL, JACOB
Address: PO BOX 143410
City-St-Zip: CORAL GABLES, FL 331143410

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: JACOB SMALL

DR

03/25/2004

Electronic Signature of Signing Officer or Director

Date