

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000052970

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

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

651 E 25 ST  
WOUND CARE CLINIC  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 143410  
CORAL GABLES, FL 331143410

**New Mailing Address:**

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.  
143410  
CORAL GABLES, FL 331143410 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: JACOB SMALL

RA

02/20/2011

Electronic Signature of Signing Officer or Director

Date