2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# P03000036755

Entity Name: ROBERT J. JACOBSON, M.D., P.A.

Current Principal Place of Business:

1309 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PO BOX 14067
NORTH PALM BEACH, FL 33408

New Mailing Address:

PO BOX 921
PALM BEACH, FL 33480

FEI Number: 55-0829904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, ROBERT J MD
1309 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBSON, ROBERT
Address: 1309 NORTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: JACOBSON, ROBERT J TREASUR
Address: 273 SANFORD AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: DR. ( ) Change (X) Addition
Name: HARRIS, JAMES N PRESIDE
Address: 303 PENDELTON LANE
City-St-Zip: PALM BEACH, FL 33480

Title: DR ( ) Change (X) Addition
Name: MCKEEN, ELISABETH A VICE PR
Address: 7 GLENCAIRN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ROBERT J. JACOBSON, M.D. TREA 03/31/2004

Electronic Signature of Signing Officer or Director — Date