


Amended Report R. J. Jacobson Amended

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036755	
1. Entity Name ROBERT J. JACOBSON, M.D., P.A.	

FILED

04 MAY 13 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	Mailing Address 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALBAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name ROBERT J. JACOBSON Street Address (P.O. Box Number is Not Acceptable) 1309 NORTH FLAGLER DR. City WEST PALM BEACH FL Zip Code 33401
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, ROBERT 1309 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000037285570 05/25/04--01010--010 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Jacobson 4/6/04 (561) 366-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #