

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000113112

**FILED**  
**Oct 19, 2012**  
**Secretary of State**

**Entity Name:** PEETER JAKOBSON, M.D., P.A.

**Current Principal Place of Business:**

3301 OVERSEAS HWY  
MARATHON, FL 33050 US

**New Principal Place of Business:**

3320 PALM AVE  
HIALEAH, FL 33012 US

**Current Mailing Address:**

C/O MICHAEL G. LITTLE, ESQ.  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

**New Mailing Address:**

3320 PALM AVE  
HIALEAH, FL 33012 US

**FEI Number:** 26-1234867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

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

JAKOBSON, PEETER M.D.  
3320 PALM AVE  
HIALEAH, FL 33012 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: PEETER JAKOBSON

10/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JAKOBSON, PEETER M.D.  
Address: 3320 PALM AVE  
City-St-Zip: HIALEAH, FL 33012 US

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: PEETER JAKOBSON

D

10/19/2012

Electronic Signature of Signing Officer or Director

Date