2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

DOCUMENT# P08000053155

Entity Name: MICHEL J. JACOBS, D.M.D., P.A.

Current Principal Place of Business:

1509 NORTH STATE ROAD 7
SUITE H
MARGATE, FL 33063

New Principal Place of Business:

11645 BISCAYNE BLVD
204
NORTH MIAMI, FL 33181

Current Mailing Address:

19501 W COUNTRY CLUB DR
APT 405
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-2801661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, MICHAEL I D.M.D.
1509 NORTH STATE ROAD 7
SUITE H
MARGATE, FL 33180 US

Name and Address of New Registered Agent:

JACOBS, SABINA L
19501 W COUNTRY CLUB DR
405
AVENTURA, FL 33180 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: SABINA JACOBS 01/09/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: JACOBS, SABINA L
Address: 19501 W COUNTRY CLUB DR #405
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: JACOBS, MICHAEL I DMD
Address: 19501 W COUNTRY CLUB DR #405
City-St-Zip: AVENTURA, FL 33180

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: SABINA JACOBS P 01/09/2010
Electronic Signature of Signing Officer or Director Date