

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007857

1. Entity Name

THOMAS JACOB, M.D., P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90078 021 ***150.00

Principal Place of Business 1150 NORTH 35TH AVENUE SUITE 440 HOLLYWOOD FL 33021 US	Mailing Address 1150 NORTH 35TH AVENUE SUITE 440 HOLLYWOOD FL 33021-5430 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0633823	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JACOB, THOMAS M.D. 1150 NORTH 35TH AVENUE SUITE 440 440 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 440 City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, THOMAS M.D. 1150 N 35TH AVE, SUITE 440 HOLLYWOOD FL 33021 <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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JACOB, M.D. 3.20.00 954-962-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #