## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000040342

Entity Name: H. JACOBSOHN AND COMPANY

JACOBSOHN, DAVID A M.D.

14 ST. GEORGES ROAD

BALTIMORE, MD 21210

Name:

Address:

City-St-Zip:

FILED Apr 29, 2003 Secretary of State

y	11: 0/1001	BOOT IN 7 (IV)				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	DES RD, STE TON, FL 3343					
Current Mailing Address:			New Mailing Address:			
7900 GLAI BOCA RA	DES RD, STE TON, FL 3343	320 44104 US				
FEI Number	: 65-0687674	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
7900 GLAI	OHN, HAROLD DES RD, STE TON, FL 3343	320				
	named entity see of Florida.	submits this statement for the p	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financine	g Trust Fund Contribution ( ).				
	S AND DIREC	=	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JACOBSOHN, I 7900 GLADES		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	JACOBSOHN, I 7900 GLADES		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) KOOLIK, TANIA 6761 ENTRADA BOCA RATON,	\ PL	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition NIA 1ST STREET DN, FL 33431	
Title:	D ()	) Delete	Title:	D	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD B JACOBSOHN PD 04/29/2003

JACOBSOHN, DAVID A M.D.

CHICAGO, IL 60613

3750 NORTH LAKESHORE DRIVE #6A