


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 039 ***150.00

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| DOCUMENT # P96000049035 1. Entity Name ALFREDO L. JACOME, M.D., P.A. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2121 SW 22ND PLACE OCALA, FL 34474 | | | Mailing Address 2121 SW 22ND PLACE OCALA, FL 34474 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-3385182 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip Country | | City & State Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BLANCHARD, DOCK ESQ 4 SE BROADWAY OCALA, FL 34471 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>JACOME, ALFREDO L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2121 SW 22ND PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | NAME | JACOME, ALFREDO L | <input type="checkbox"/> | STREET ADDRESS | 2121 SW 22ND PLACE | | CITY-ST-ZIP | OCALA, FL 34474 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>Jacome, Alfredo L.</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2121 SW 22ND PLACE</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ocala, FL 34471</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change | Addition | NAME | Jacome, Alfredo L. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | 2121 SW 22ND PLACE | | | CITY-ST-ZIP | Ocala, FL 34471 | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |