TOTAL AMOUNT TO BE $000.00

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000015358

1. Corporation Name: Jacobson Medical Group, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/13/97

2. Principal Place of Business: 21 4010 Boy Scout Blvd | Suite, Apt. #, etc. 22 Ste. 350 | City & State 23 Tampa, FL | Zip 24 33607 | Country 25 USA

2a. Mailing Address: 26 8038 Wurzbach | Suite, Apt. #, etc. 27 Ste. 360 | City & State 28 San Antonio, TX | Zip 29 78229 | Country 30 USA

4. FEI Number: 74-2815593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Alan H. Daniels
800 North Magnolia Ave.
Suite 1,500
Orlando, FL 32803

10. Name and Address of New Registered Agent

10.1 Name
10.2 Street Address (P.O. Box Number is Not Acceptable)
10.3
10.4 City FL 10.5 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature required or printed name of registered agent and title if applicable) DATE (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Sec. & Treas. ☐ DELETE Norman L. Jacobson, M.D. 8038 Wurzbach San Antonio, TX 78229	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	23.1 TITLE / 23.2 NAME / 23.3 STREET ADDRESS / 23.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	33.1 TITLE / 33.2 NAME / 33.3 STREET ADDRESS / 33.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	43.1 TITLE / 43.2 NAME / 43.3 STREET ADDRESS / 43.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	53.1 TITLE / 53.2 NAME / 53.3 STREET ADDRESS / 53.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	63.1 TITLE / 63.2 NAME / 63.3 STREET ADDRESS / 63.4 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 10/5/98
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Telephone Number