ITTLE JACCIOSSON, NORMAN L MD 12 NAME JACCIOSSON, NORMAN L MD 12 NAME JACCIOSSON, NORMAN L MD 12 NAME 12 NAME 13 STREET ADDRESS 8038 WURZBACH ROAD STE 360 13 STREET ADDRESS 13 STREET ADDRESS 2014 (DTY-ST-ZIP	CORPORATION ANNUAL REPORT			FLORIDA DEPAI Katheri Secretar	IST IS \$330.00 RIDA DEPARTMENT OF STATE Katherine Harris Secretary of State /ISION OF CORPORATIONS		FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90165 004 ***635.00		
Principal Disco of Business,       Maling Address         SURE \$30       SMA MYRMCH         SURE \$40       SURE \$40         2       Principal Place of Business       2a, Maling Address         2       Principal Place of Business       3a, 75 Address         2       Principal Place of Business       5. Certificate of Status Destred         2       Cork & State       71         Ch & State       71       Ob & State         3       Cork & State       71         4       2b       Country       72         9       Name and Address of Current Registered       70         9       Name and Address of Current Registered       71         9       Name and Address of State State Floate       71         9       Name and Address of State State Floate       71         9       Name and Address of State State Floate       72         9       Name and Address of State Floate       72	1. Corporation	Name		58					
2. Principal Place of Business       2a. Maling Address       4. PEr Number       Applied Formation         Suite, Apt. #, etc.       2a.       Suite, Apt. #, etc.       5. Cartrate of Status Desired       Status Charge Cartrate         City & State       City & State       City & State       City & State       5. Cartrate of Status Desired       Status Cartrate of Status Cart	ioto Boy Scoi Suite 350	ut Blvd.	8038 WU Suite 36	RZBACH Q		, <u>, , , , , , , , , , , , , , , , </u>	DO NOT WRITE IN THI 3. Date Incorporated or Qualifed		. U((#1 1011 100) 
Sube, Ap. #, etc.         Sube, Ap. #, etc.         Sube, Ap. #, etc.         S. Certificate of Status Desired         Status Desired           Chy & State         Chy & State         Electric Constitution         Status Desired         Status Desired           Zip         Contry         Zip         Country         8. Certificate of Status Desired         Status Desired           Zip         Country         2.         Country         8. Certificate of Status Desired         Status Desired           January         Zip         Country         8. This corporation owes the current year in:         Personal Property Tax.           9. Name and Address of Current Registered Agent         Image: Status Desired         Street Address (P.O. Box Number Is Not Acceptable)           0ARLES, ALAN H         200 NO MAGNOLA AVE. STE 1500         Street Address (P.O. Box Number Is Not Acceptable)           0ARLAND FL 32803         Street Address (P.O. Box Number Is Not Acceptable)         Street Address (P.O. Box Number Is Not Acceptable)           31         Street Address (P.O. Box Number Is Not Acceptable)         Street Address (P.O. Box Number Is Not Acceptable)           32         Street Address (P.O. Box Number Is Not Acceptable)         Street Address (P.O. Box Number Is Not Acceptable)           33         Street Address (P.O. Box Number Is Not Acceptable)         Street Address (P.O. Box Number Is Not Acceptable)		ace of Business		ng Address			4. FEI Number	No	t Applicable
2ip       Country       2ip       Country       2ip       Country       8. This contribution       Added to Fase         9. tame and Address of Current Registered Agent       10. Name and Address of New Registered       10. Name and Address of New Registered       Image: New Year       New Registered       Image: New Year       New Registered       Image: New Year       Image: New Year       Image: New Year       New Registered       Image: New Year	Suite, Apt. 1	· · · · · · · · · · · · · · · · · · ·	27	·			5. Certifcate of Status Desired Fee Required		
A      A	3 28			Zip Country			Trust Fund Contribution	Added	to Fees
Image: City       Estimate in the sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purple of changing its registered agent; and the obligations of Section 607.0505. Florids Statutes.         SIGNATURE       Image: City       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Image: City       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Image: City       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Image: City       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Image: City       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Image: City       OFFICERS AND DIRECTORS       13.       Change       Addition         Image: City       OFFICERS AND DIRECTORS       13.       Image: City       Change </th <th>DANI 800 I</th> <th>9. Name and Address of ELS, ALAN H NO MAGNOLIA AVE. ST</th> <th></th> <th>Agent</th> <th>Ļ</th> <th></th> <th></th> <th></th> <th>/</th>	DANI 800 I	9. Name and Address of ELS, ALAN H NO MAGNOLIA AVE. ST		Agent	Ļ				/
Biguard         Optice Reglationed agent and till if applicable.         (NDE: Reglationed Agent agentation ministating)         DATE           12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           ITTE         ITTLE         Change         Addition           JACOBSON, NORMAN L MD         12.XME         Change         Addition           INFECTADORESS         3038 WURZBACH ROAD STE 360         13.STREETADORESS         Change         Addition           ITTLE         22.NME         21.TTLE         Change         Addition           INFECTADORESS         23.STREETADORESS         Change         Addition           ITTLE         22.NME         23.STREETADORESS         Change         Addition           STREETADORESS         23.STREETADORESS         23.STREETADORESS         23.STREETADORESS         23.STREETADORESS           ITTLE         24.OTY-ST-ZP         24.OTY-ST-ZP         Change         Addition           STREETADORESS         33.STREETADORESS         33.STREETADORESS         23.STREETADORESS           ITTLE         24.OTY-ST-ZP         Change         Addition           STREETADORESS         33.STREETADORESS         33.STREETADORESS         33.STREETADORESS           ITTLE         24.OTY-ST-ZP	11. Pursuant 1	to the provisions of Sections	he State of Florida, Su	ch change was a	es, the ab	84 City	oration submits this statement for the purpose of	f changing its	registered
THE       PST       DELETE       1.1 TITLE       Change       Addition         UMME       JAC()BSON, NORMAN L MD       12.NAME       13.STRET ADDRESS       13.STRET ADDRESS         STREET ADDRESS       SAN ANTONIO TX 78229       14.CTY-ST2P       Change       Addition         ITLE       DELETE       2.1 TITLE       Change       Addition         STREET ADDRESS       23.STRET ADDRESS       23.STRET ADDRESS       23.STRET ADDRESS         ITLE       DELETE       2.1 TITLE       Change       Addition         WME       DELETE       2.1 TITLE       Change       Addition         STREET ADDRESS       23.STRET ADDRESS       23.STRET ADDRESS	SIGNATURE	Signature, typed or printed name of re	gistered agent and title if applica	ible. (NOTE	: Registered A	gent signature require	• • • • • • • • • • • • • • • • • • • •		
THE       DELETE       21 TITLE       Change       Addition         MARE       22 NAME       23 STREET ADDRESS       23 STREET ADDRESS	ITLE IAME	PST JACOBSON, NORMAN 8038 WURZBACH ROA	l MD D ste 360		1.1 TITL 1.2 NAM 1.3 STR	IE EET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		Addition
CITY-ST-ZIP       2.4 CITY-ST-ZIP         TITLE       DELETE       3.1 TITLE         VAME       3.2 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4 CITY-ST-ZIP         TITLE       DELETE         Addition       4.2 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4 CITY-ST-ZIP         TITLE       DELETE         Addition       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.1 TITLE         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.1 TITLE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         STREET ADDRESS       5.4 CITY-ST-ZIP         STREET ADDRESS       5.4 CITY-ST-ZIP         STREET ADDRESS       5.4 CITY-ST-ZIP	IITLE VAME	SAN ANTONIO TA 762			2.1 11TL 2.2 NAM	E Æ		Change	Addition
Inte       DELETE       4.1 TTLE       Change       Addition         VAME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         CTY-57-ZIP       44 CITY-ST-ZIP       Change       Addition         TITLE       DELETE       5.1 TITLE       Change       Addition         STREET ADDRESS       5.2 NAME       5.2 NAME       STREET ADDRESS         CITY-57-ZIP       DELETE       5.1 TITLE       Change       Addition         STREET ADDRESS       5.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       5.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       5.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         STREET ADDRESS       S.3 STREET ADDRESS       STREET ADDRESS <t< td=""><td>CITY-ST-ZIP TITLE VAME</td><td></td><td></td><td></td><td>2. 4 CIT 3.1 TITL 3.2 NAM</td><td>Y-ST-ZIP E Æ</td><td></td><td>Change</td><td>Addition</td></t<>	CITY-ST-ZIP TITLE VAME				2. 4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP E Æ		Change	Addition
A4 GITY-ST-ZIP     44 GITY-ST-ZIP       ITLE     DELETE       S1 TITLE     Change       IAME     52 NAME       S1 STREET ADDRESS     53 STREET ADDRESS       STY-ST-ZIP     54 CITY-ST-ZIP       ITLE     0 DELETE       61 TITLE     0 Change       IAME     0 Addition	ITLE				4.1 TITE 4. 2 NA	le Me		Change	Addition
ITY-ST-ZIP 54 CITY-ST-ZIP  ITLE  DELETE 6.1 TITLE  CChange Addition 6.2 NAME 6.3 CITYEET ADDRESS	ITY- <u>ST-ZIP</u> ITLE IAME			DELETE	4.4 <u>CIT</u> 5.1 TITI 5.2 NAM	r-st-zip E Æ		Change	Addition
	UTY-ST-ZIP			DELETE	6.1 TITL 6.2 NAM	E 1E		Change	Addition

## SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2/12/51 (210) 614-0500 Date Datime Phone #