

# 2001 UNIFORM BUSINESS REPORT (UBR)

0604917

DOCUMENT # P97000015358

1. Entity Name  
JACOBSON MEDICAL GROUP, INC.

FILED  
01 APR 27 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4010 BOY SCOUT BLVD.  
SUITE 350  
TAMPA FL 33607

8038 WURZBACH  
SUITE 360  
SAN ANTONIO TX 78229

2. Principal Place of Business

3. Mailing Address

500 W. MAIN STREET  
Suite, Apt. #, etc.

PO Box 740026  
Suite, Apt. #, etc.

City & State

LOUISVILLE, KY

City & State

Louisville, KY

4. FEI Number 74-2815593

Applied For

Not Applicable

Zip

40202

Country

JEFFERSON

Zip

40201-7426

Country

JEFFERSON

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, ALAN H  
800 NO MAGNOLIA AVE. STE 1500  
ORLANDO FL 32803

Name Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes St.

City

Tallahassee

FL

Zip Code

32301-2528

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 by: Margaret Pike  
Signature, typed or printed name of registered agent and title if applicable.

Margaret Pike, Asst. Secretary

4-26-2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election to Contribute to the  
Trust Fund Contribution  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, NORMAN L MD	
STREET ADDRESS	8038 WURZBACH ROAD STE 360	
CITY-ST-ZIP	SAN ANTONIO TX 78229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael B. McCallister	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	SVP & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James H. Bloom	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George G. Bauernfeind	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	VP-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brett McIntyre	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan O. Lenahan	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth J. Fasola	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	

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:

George G. Bauernfeind  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)