

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

Principal Place of Business
**4010 BOY SCOUT BLVD.
 SUITE 350
 TAMPA FL 33607**

Mailing Address
**8038 WURZBACH
 SUITE 360
 SAN ANTONIO TX 78229**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 W. MAIN STREET

3. Mailing Address
PO Box 740026

Suite, Apt. #, etc.
Cl Tax Dept.

City & State
LOUISVILLE, KY

City & State
Louisville, KY

Zip
40202

Country
JEFFERSON

Zip
40201-7426

Country
JEFFERSON

4. FEI Number **74-2815593**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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** **Margaret Pike, Asst. Secretary** **4-26-2001**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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 Contribution **15703.01** May Be
 Trust Fund Contribution **010408.00** Added to Fees
******150.00 ****150.00**

11. OFFICERS AND DIRECTORS	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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. Bloem	
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. Bawernfeind	
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. Bawernfeind** **George G. Bawernfeind** **4/24/01** **(502)80-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)