

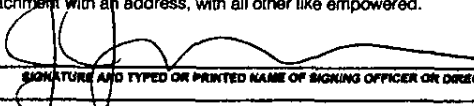


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000027709</b>						
1. Entity Name <b>JODI JACOBSON, L.C.S.W., P.A.</b>						
Principal Place of Business <b>7301-A WEST PALMETTO PARK ROAD SUITE 106-C BOCA RATON, FL 33433</b>	Mailing Address <b>7301-A WEST PALMETTO PARK ROAD SUITE 106-C BOCA RATON, FL 33433</b>	  01242008    No Chg-P    CR2E034 (11/05) <table border="1" style="width:100%"><tr><td>4. FEI Number <b>65-0737912</b></td><td>Applied For Not Applicable</td></tr><tr><td>5. Certificate of Status Desired    <input type="checkbox"/></td><td><b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>65-0737912</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required					
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>JACOBSON, JODI LCSW 7301-A WEST PALMETTO PARK ROAD SUITE 106-C BOCA RATON, FL 33433</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, JODI LCSW 7301-A WEST PALMETTO PARK ROAD, SUITE 106C BOCA RATON, FL 33433					
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<b>DO NOT WRITE IN THIS SPACE</b>						
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/28/08    561 391-4669 <small>Date Daytime Phone #</small>				