

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000085811 (2)

1. Corporation Name

LALITHA JACOB, M.D., INC.



Principal Place of Business

Mailing Address

2822 SANDPIPER PLACE  
CLEARWATER FL 34622

2822 SANDPIPER PLACE  
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3473015

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

2. Principal Place of Business

2a. Mailing Address

21 5800 49th Street N

26 5800 49th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 S-207

27 S-207

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip Country

Zip Country

24 33709

25 Pinellas

29 33709

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, THOMAS B  
150 SECOND AVENUE NORTH  
SUITE 1100  
ST PETERSBURG FL 34622

81 Name

Lalitha E. Jacob, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

5800 49th St. N. Suite 207

83

84 City

St. Petersburg

FL

85 Zip Code

33709

11. Pursuant to the provisions of sections 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 *Lalitha E. Jacob, M.D.*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME JACOB, LALITHA  
STREET ADDRESS 2822 SANDPIPER PLACE  
CITY-ST-ZIP CLEARWATER FL 33701

1.1 TITLE DPL/SLP  
1.2 NAME Jacob, Lalitha E.  
1.3 STREET ADDRESS 5800 49th St. N.  
1.4 CITY-ST-ZIP St. Petersburg, FL 33709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

*Lalitha E. Jacob, M.D.* LALITHA E. JACOB (8/3) 528-1888

CR2E034 (5/98)