

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90012 013 ***150.00

DOCUMENT # P97000085811

1. Entity Name

LALITHA JACOB, M.D., INC.



Principal Place of Business

6229 66TH ST N
PINELLAS PARK FL 33781
US

Mailing Address

6229 66TH ST N
PINELLAS PARK FL 33781
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3473015

Applied For
Not Applicable

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

JACOB, M.D. L
5800 48TH ST N
STE S-207
ST. PETERSBURG FL 33709

Jacob, Lalitha E.
6229 66th St. N.
Pinellas Park, FL
33781

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PPST ☐ Delete
NAME JACOB, LALITHA E.
STREET ADDRESS 6229-66TH ST N
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lalitha E. Jacob, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/06 727-528-1888

Date

Daytime Phone #