

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3473015**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

LALITHA, JACOB E  
6226 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

*Lalitha E. Jacob*

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-09-07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U00000631490  
02/20/07-80049-011 150.00 ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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

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

Date

Daytime Phone #

**727-528-1888**