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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000024724

1. Corporation Name

PETER A. JACOBSON, INC.

Principal Place of Business

500 VONDERBURG DRIVE
SUITE 303-E
BRANDON FL 33511

Mailing Address

500 VONDERBURG DRIVE
SUITE 303-E
BRANDON FL 33511

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JACOBS, RICHARD O
200 CENTRAL AVENUE
SUITE 1600
ST. PETERSBURG FL 33701

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Peter A. Jacobson, MD 500 VONDERBURG DR, SUITE 303-E BRANDON, FL 33511	□ Change <input checked="" type="checkbox"/> Addition
TITLE	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	M Peter J. Bitchakas 14499 N. DALE MABRY, SUITE 230 TAMPA, FL 33618	□ Change <input checked="" type="checkbox"/> Addition
TITLE	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition
TITLE	□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition
TITLE	□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition
TITLE	□ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		□ Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNED PURSUANT TO FLORIDA LAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (813) 963-0177

Date

Daytime Phone #