

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90061 025 \*\*\*150.00

**DOCUMENT # P98000041442**

1. Entity Name

**JACOBSON SOUTH FLORIDA HOSPITALISTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1551 SAWGRASS CORP PKY  
#110  
SUNRISE FL 33323**

**8038 WURZBACH ROAD  
STE 360  
SAN ANTONIO TX 78229**

2. Principal Place of Business

**1551 Sawgrass Corp Pky**

Suite, Apt. #, etc.

**Suite 110**

3. Mailing Address

**1551 Sawgrass Corp Pky**

Suite, Apt. #, etc.

**Suite 110**

City & State

**Sunrise, Florida**

City & State

**Sunrise, Florida**

4. FEI Number

**74-2879810**

Applied For

Not Applicable

Zip

**33323**

Country

**U.S.A**

Zip

**33323**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**Brent D. Klein**

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

**801 Brickell Avenue**

**Suite 1901**

City

**Miami**

**FL**

Zip Code

**33131**

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.

SIGNATURE **Brent D. Klein**

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

(NOTE: Registered Agent signature required when reinstating)

**2/23/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JACOBSON, NORMAN MD</b>	
STREET ADDRESS	<b>8038 WURZBACH RD, STE 360</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX 78229</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Steve Zaffos</b>	
STREET ADDRESS	<b>1551 Sawgrass Corp Pky</b>	
CITY-ST-ZIP	<b>Sunrise, FL 33323</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Steve Zaffos**

**2/23/01**

**305-461-6060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)