

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048159

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** T. GREGORY JACOBS, D.D.S., P.A.

**Current Principal Place of Business:**

1601 RICKENBACKER DR.  
SUITE 7  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

465 SEVERN AVE  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-3516603      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, T. GREGORY  
465 SEVERN AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: JACOBS, T. GREGORY  
Address: 465 SEVERN AVE  
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: T. GREGORY JACOBS

DR.

02/02/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date