

# 2001 UNIFORM BUSINESS REPORT (UBR)

0604926

DOCUMENT # P98000050205

1. Entity Name

JACOBSON MEDICAL GROUP-ORLANDO, INC.

Principal Place of Business

1201 S ORLANDO AVE  
STE 300  
WINTER PARK FL 32789  
US

Mailing Address

8038 WURZBACH RD. SUITE 360  
SAN ANTONIO TX 78229

FILED

01 APR 27 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 W. MAIN STREET

3. Mailing Address

PO Box 740026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

clo Tax Dept.

City & State

LOUISVILLE KY

City & State

Louisville, KY

4. FEI Number 74-2881181

Applied For

Not Applicable

Zip

40202

Country

JEFFERSON

Zip

40201-7426

Country

JEFFERSON

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324

Name

Corporation Service Company

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

1201 Hayes St.

City

Tallahassee

FL

Zip Code

32301-3525

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 by: Margaret Pike  
Signature, typed or printed name of registered agent and title if applicable.

Margaret Pike, Asst. Secretary

4-26-2001

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  
100004161521-1  
05/08/01 - 01/04/02  
\*\*\*\*150.00 \*\*\*\*150.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JACOBSON, NORMAN  
STREET ADDRESS 8038 WURZBACH RD, SUITE 360  
CITY-ST-ZIP SAN ANTONIO TX 78229 ☒ Delete

TITLE Chairman  
NAME Michael B. McAllister  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP & CFO  
NAME James H. Bloem  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP  
NAME George Bauernfeind  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP-Treasurer  
NAME Brett McIntyre  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Secretary  
NAME Joan O. Lenahan  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE Director  
NAME Kenneth J. Fasola  
STREET ADDRESS 500 W. Main St.  
CITY-ST-ZIP Louisville, KY 40202 ☐ Change ☒ Addition

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:

George G. Bauernfeind

George G. Bauernfeind

4/24/01 (502) 580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)