## P99000000012

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



Ralkolchange



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10/25/04--01020--007 \*\*35.00

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ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Donna A. Jacobsen, DO, Inc. (Name of corporation)			
DOCUMENT NUMBER: P99000006912			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Scott Axsom (Name of contact person)			
(Ivaine of contact person)			
(Name of contact person)  Donna A. Jacobsen, DO, Inc.  (Firm/Company)  7425 Belle Meade Blvd.  (Address)			
(Firm/Company)			
7425 Belle Meade Blvd.			
(Address)			
Miami, FL 33138			
(City/state and zip code)			
For further information concerning this matter, please call:			
Scott Axsom at (305) 751-6420 (Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation organize	
	r to change its registered office or registered	
1. The name of the	he corporation: Donna A. Jacobsen, D.O.,	inc.
2. The principal of	office address: 3661 S. Miami Ave., Suite	108 Miami, FL 33133
	·	
3. The mailing ac	ddress (if different):	
4. Date of incorp	ooration/qualification: 1/19/99	Document number: P99000006912
5. The name and Florida Depart	street address of the current registered ager trnent of State:	nt and registered office on file with the
•	Jacobsen, Donna A, D.O.	
;	3661 S. Miami Ave., Suite 108	
	Miami, FL 33133	
6. The name and (if changed):	street address of the new registered agent (i	if changed) and /or registered office
	2650 Biscayne Blvd.	<u> </u>
	(P.O. Box NOT acceptable)	
	Miami, FL 33137	<del></del>
The street address as changed will	ss of its registered office and the street add be identical.	dress of the business office of its registered agent,
Such change was authorized by the	is authorized by resolution duly adopted by the board, or the corporation has been notified.	y its board of directors or by an officer so led in writing of the change.
	7 1	Scott A. Axsom, Vice-president
I hereby accept to I further agree to of my duties, and document is being	te of all officer of director)  the appointment as registered agent and a o comply with the provisions of all statute d Lam familiar with and accept the obliga ng filed merely to reflect a chappe in the r before notified in writing of this change.	is relative to the proper and complete performance attorn of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
	$\mathcal{F}$	10/2004
(Sign	nature of Registered Agent)	(Date)
If signing on beh	half of an entity:	
(T)	yped or Printed Name)	

\* \* \* FILING FEE: \$35.00 \* \* \*