

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006989

**Entity Name:** DANIEL M. JACOBS, M.D., P.A.

**Current Principal Place of Business:**

478 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

210 PARK TERRACE  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 55-0820491

**Certificate of Status Desired:** No

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311 US

*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

**Officer/Director Detail :**

Title	CEO	Title	CEO
Name	JACOBS, DANIEL M DR.	Name	JOSANA MEDICAL LABORATORY
Address	210 PARK TERRACE	Address	478 WEST HILLSBORO BLVD
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	DEERFIELD BEACH FL 33441

*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:** DANIEL M JACOBS

**PRESIDENT**

**09/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date