

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 032 ***150.00

DOCUMENT # 491363

1. Entity Name

Jaroslav J. Jilek, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11701-32 San Jose Blvd.

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip

32223

Country

US

3. Mailing Address

11701-32 San Jose Blvd.

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

Zip

32223

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1627547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jilek, M.D., Jaroslav J.

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

11701-32 San Jose Blvd.

Suite 203

City

Jacksonville

FL

Zip Code

32223

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 to May 1 Fee is \$150.00
After May 1 Fee is \$50.00
Amended UBR is \$6.75
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 PD
NAME Jilek, M.D., Jaroslav J.
STREET ADDRESS 11701-32 San Jose Blvd.#203
CITY-ST-ZIP Jacksonville, FL 32223

TITLE SD
NAME Beavers, Joan
STREET ADDRESS 11701-32 San Jose Blvd.#203
CITY-ST-ZIP Jacksonville, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.23.02