

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491363

FILED
Apr 22, 2006
Secretary of State

Entity Name: JAROSLAV J. JILEK, M.D., P.A.

Current Principal Place of Business:

11701-32 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

New Principal Place of Business:

12796 BAY PLANTATION DR
JACKSONVILLE, FL 32223

Current Mailing Address:

11701-32 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

New Mailing Address:

12796 BAY PLANTATION DRIVE
JACKSONVILLE, FL 32223

FEI Number: 59-1627547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JILEK M.D., JAROSLAV J.
11701-32 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

JILEK M.D., JAROSLAV J.
12796 BAY PLANTATION DRIVE
JACKSONVILLE, FL 32223 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:

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JILEK M.D., JAROSLAV, J.
Address: 11701-32 SAN JOSE BLVD. #203
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: BEAVERS, JOAN,
Address: 11701-32 SAN JOSE BLVD. #203
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JILEK M.D., JAROSLAV, J.
Address: 12796 BAY PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change () Addition
Name: BEAVERS, JOAN,
Address: 12796 BAY PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOAN P. BEAVERS

SD

04/22/2006

Electronic Signature of Signing Officer or Director

Date