

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G98837

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Entity Name:** MILAN JOCKOVICH, D.D.S., P.A.

**Current Principal Place of Business:**

10651 N. KENDALL DRIVE  
215  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

10651 N KENDALL DRIVE  
215  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 59-2375611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORTEZ, SILVIO  
881 NW 36 STREET  
SUITE 20-F  
MIAMI, FL 33136 US

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

CORTEZ, SILVIO  
13280 SW 131 STREET  
109  
MIAMI, FL 33186 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:**

01/09/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** JOCKOVICH, MILAN DDS,  
**Address:** 9700 SW 103RD AVE.  
**City-St-Zip:** MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR. (X) Change ( ) Addition  
**Name:** JOCKOVICH, MILAN DDS,  
**Address:** 10651 NORTH KENDALL DRIVE SUITE 215  
**City-St-Zip:** MIAMI, FL 33176

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:** MILAN JOCKOVICH D.D.S.

DR.

01/09/2006

Electronic Signature of Signing Officer or Director

Date