

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90027 042 \*\*\*158.75

**DOCUMENT # H76756**

1. Entity Name  
**K. JEAN JOVIK, M.D., P.A.**

Principal Place of Business 2699 1 ST AVENUE 2663 - 1ST AVE.. NO. ST PETE FL 33713 US	Mailing Address 2699 1ST AVENUE NORTH ST. PETERSBURG FL 33713 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2323 1<sup>ST</sup> AVE NORTH</b>	3. Mailing Address <b>2323 1<sup>ST</sup> AVENUE NORTH</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>ST PETERSBURG, FL</b>	City & State <b>ST PETERSBURG, FL</b>
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Zip <b>33713</b>	Country <b>USA</b>	Zip <b>33713</b>	Country <b>USA</b>
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4. FEI Number <b>59-2578775</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**JOVIK-TAVERNIER, K J PRESIDE**  
**2699 1 AVENUE N**  
**ST PETE FL 33713**

7. Name and Address of New Registered Agent  
 Name  
**K. J. JOVIK President**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2323 1<sup>ST</sup> AVENUE NORTH**  
 City  
**ST PETERSBURG FL** Zip Code  
**33713**

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 *K Jean Jovik, MD* *K JEAN JOVIK MD* *3/25/01*  
Signature, typed or printed name of registered agent and title 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)   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JOVIK, K J</b> <b>2699 1ST AVENUE NORTH</b> <b>ST PETE FL 33713</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>KATHY J GORDON</b> <b>KATHY J GORDON MD</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>KATHY J GORDON</b> <b>2323 1<sup>ST</sup> AVENUE N</b> <b>ST PETERSBURG, FLORIDA 33713</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *K Jean Jovik, MD* *K JEAN JOVIK MD* *3/25/01* *727-327-5188*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0362520

CFR2E034 (10/00)