

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H76756

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: K. JEAN JOVIAK, M.D., P.A.

**Current Principal Place of Business:**

4600 SW 46TH COURT  
SUITE 220  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

4600 SW 46TH COURT  
SUITE 220  
OCALA, FL 34474 US

**New Mailing Address:**

FEI Number: 59-2578775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JOVIAK, KARLA J PRESIDE  
4600 SW 46TH COURT  
SUITE 220  
OCALA, FL 34474 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JOVIAK, K J  
Address: 4600 SW 46TH COURT SUITE 220  
City-St-Zip: Ocala, FL 34474

Title: V, T  
Name: GORDON, KATHY J  
Address: 4600 SW 46TH COURT SUITE 220  
City-St-Zip: Ocala, FL 34474

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: K JEAN JOVIAK

PRES

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date