

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 035 ***150.00

0469284 AV

DOCUMENT # P01000052334

1. Entity Name
DRS. KOVAL, FRIEDLAND & ASSOCIATES, P.A.



Principal Place of Business
**4931 LYFORD CAY RD
TAMPA FL 33629**

Mailing Address
**4931 LYFORD CAY RD
TAMPA FL 33629**



2. Principal Place of Business
3100 E. Fletcher Avenue

3. Mailing Address
6302 E. MLK Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Radiation Therapy Dept.

Suite 470

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33613

Country

Hillsborough

Country

Hillsborough

4. FEI Number **59-3724115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOVAL, JOHN M
4931 LYFORD CAY RD
TAMPA FL 33629**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KOVAL, JOHN M**
STREET ADDRESS **4931 LYFORD CAY RD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Partner** ☐ Delete
NAME **Jay Friedland, MD**
STREET ADDRESS **6302 E. MLK Blvd., Suite 470**
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

CR2E034 (10/02)