

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000050701 (7)**

1. Corporation Name  
**MILAN JOCKOVICH, M.D., P.A.**



Principal Place of Business  
**1808 HICKORY LANE  
ATLANTIC BEACH FL 32233**

Mailing Address  
**1808 HICKORY LANE  
ATLANTIC BEACH FL 32233-4577**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/13/1996</b>  | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>54-3383893</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**JOCKOVICH, MILAN M.D.  
1808 HICKORY LANE  
ATLANTIC BEACH FL 32233**

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 85 Zip Code                         |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |
|----------------------------|---------------------------------|---|
| TITLE                      | <b>PSTD</b>                     | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOCKOVICH, MILAN M.D.</b>    | 1.2 NAME  |
| STREET ADDRESS             | <b>1808 HICKORY LANE</b>        | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | <b>ATLANTIC BEACH FL 32233</b>  | 1.4 CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP   |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Milan Jockovich MD* 11/26/97 904 246-7394

CR2E034 (9/96)