

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

FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000050701 (7)
1. Corporation Name
MILAN JOCKOVICH, M.D., P.A.



Principal Place of Business: **1908 HICKORY LANE ATLANTIC BEACH FL 32233** *Incomet*
Mailing Address: **1908 HICKORY LANE ATLANTIC BEACH FL 32233** *Incomet*

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
06/13/1996

2. Principal Place of Business
21 **290 DBIS Drive**
22 Suite, Apt. #, etc.
23 **Melbourne Beach FL**
24 Zip **32951** 25 Country **Brevard**

2a. Mailing Address
26 **290 DBIS DRIVE**
27 Suite, Apt. #, etc.
28 **Melbourne Beach FL**
29 Zip **32957** 30 Country **Brevard**

4. FEI Number **59-3383893**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**JOCKOVICH, MILAN M.D.
1908 HICKORY LANE
ATLANTIC BEACH FL 32233** *Incomet*

10. Name and Address of New Registered Agent
81 Name **Milan Jockovich**
82 Street Address (P.O. Box Number is Not Acceptable) **290 DBIS DRIVE**
83
84 City **Melbourne Beach** FL 85 Zip Code **32951**

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]* DATE **3/11/98**
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/>
NAME	JOCKOVICH, MILAN M.D.	
STREET ADDRESS	1908 HICKORY LANE → Down	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Milan Jockovich, MD		
1.3 STREET ADDRESS	290 DBIS DRIVE		
1.4 CITY-ST-ZIP	Melbourne Beach FL 32951		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 *[Signature]* DATE **4/21/98** (1107) 913-0491

CFR2E034 (10/97)