

**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

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**

3. Date Incorporated or Qualified  
**06/13/1996**

4. FEI Number **59-3383893**  
Applied For  Not Applicable

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Milan Jockovich, MD</b>
1.3 STREET ADDRESS	<b>290 DBIS DRIVE</b>
1.4 CITY-ST-ZIP	<b>Melbourne Beach FL 32951</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)