


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000050701

1. Entity Name
MILAN JOCKOVICH, M.D., P.A.



Principal Place of Business Mailing Address

460 RIGGS AVE 460 RIGGS AVE
 MELBOURNE BEACH, FL 32951 US MELBOURNE BEACH, FL 32951 US

DO NOT WRITE IN THIS SPACE



05132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3383893 Not Applicable

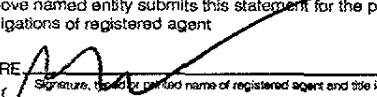
5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

JOCKOVICH, MILAN MD
460 RIGGS AVE
MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

6. 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:  DATE: 5/17/04

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOCKOVICH, MILAN M.D.
STREET ADDRESS	460 RIGGS AVE
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/17/04-80009-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: 5/17/04 Daytime Phone #: (321) 938-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR