

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90181 048 \*\*\*150.00

DOCUMENT # **P96000050701**



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

Principal Place of Business  
**290 IBIS DRIVE  
MELBOURNE BEACH FL 32951  
US**

Mailing Address  
**290 IBIS DRIVE  
MELBOURNE BEACH FL 32951  
US**



2. Principal Place of Business  
**460 RIGGS AVE**

3. Mailing Address  
**460 RIGGS AVE**

Suite, Apt. #, etc.  
**Melbourne**

Suite, Apt. #, etc.

City & State  
**Melbourne Beach, FL**

City & State  
**Melbourne Beach, FL**

4. FEI Number **59-3383893**

Applied For  
Not Applicable

Zip **32951** Country **USA**

Zip **32951** Country **USA**

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**JOCKOVICH, MILAN M.D.  
290 IBIS DRIVE  
MELBOURNE BEACH FL 32951**

**7. Name and Address of New Registered Agent**

Name **Jockovich, Milan MD**  
Street Address (P.O. Box Number is Not Acceptable) **460 RIGGS AVE**  
**Melbourne Beach, FL**  
City **FL** Zip Code **32951**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	JOCKOVICH, MILAN M.D.	290 IBIS DRIVE	MELBOURNE BEACH FL 32951	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Jockovich, Milan MD	460 RIGGS AVE	Melbourne Beach FL 32951	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** *Jockovich*

Date **4/16/03** Daytime Phone # **(21) 956-0495**

CR2E034 (10/02)