

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90068 017 ***150.00

DOCUMENT # P96000076744	
1. Entity Name WILLIAM J. OKTAVEC, M.D., P.A.	

40001310



Principal Place of Business 301 HEALTH PARK BLVD #110 ST. AUGUSTINE, FL 32086	Mailing Address 301 HEALTH PARK BLVD #110 ST. AUGUSTINE, FL 32086
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2. Principal Place of Business - No P.O. Box # 100 Whetstone Place Suite, Apt. #, etc. #106	3. Mailing Address 100 Whetstone Place Suite, Apt. #, etc. #106
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01032008 Chg-P CR2E034 (12/06)

City & State Saint Augustine, FL	City & State Saint Augustine, FL
Zip 32086	Zip 32086
Country St Johns	Country St. Johns

4. FEI Number 59-3399819	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OKTAVEC, WILLIAM J 301 HEALTH PARK BLVD #110 ST AUGUSTINE, FL 32086	
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7. Name and Address of New Registered Agent Name OKTAVEC, William J Street Address (P.O. Box Number is Not Acceptable) 100 Whetstone Place #106 City Saint Augustine, FL Zip Code 32086	
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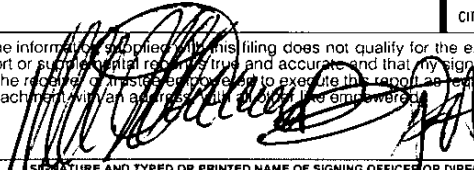
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-nating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OKTAVEC, WILLIAM J M.D. 301 HEALTH PARK BLVD #110 SAINT AUGUSTINE, FL 32086 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OKTAVEC, William J. M.D. 100 Whetstone Place #106 Saint Augustine, FL 32086 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied in this filing 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 registered agent or authorized person 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, title, or other information.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 01/18/08 Daytime Phone: 904-826-3937