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.

4000131U

Principal Place of Business	Mailing Address
301 HEALTH PARK BLVD #110 ST. AUGUSTINE, FL 32086	301 HEALTH PARK BLVD #110 ST. AUGUSTINE, FL 32086

01032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 Whetstone Place	100 Whetstone Place
Suite, Apt. #, etc.: # 106	Suite, Apt. #, etc.: # 106
City & State: Saint Augustine, Fl	City & State: Saint Augustine, Fl
Zip: 32086 Country: St Johns	Zip: 32086 Country: St. Johns

4. FEI Number: 59-3399819 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OKTAVEC, WILLIAM J 301 HEALTH PARK BLVD #110 ST AUGUSTINE, FL 32086	Name: Oktavec, William J Street Address (P.O. Box Number is Not Acceptable): 100 Whetstone Place # 106 City: Saint Augustine, FL Zip Code: 32086

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, 2008 Fee will be $550.00

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	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 with 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 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] 01/8/08 904-826-3937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #