


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000020430

1. Entity Name
CHRISTIAN KOVATS, D.O., P.A.




Principal Place of Business
8000 RED BUG LAKE ROAD
SUITE 200
OVIDO, FL 32765

Mailing Address
8000 RED BUG LAKE ROAD
SUITE 200
OVIDO, FL 32765

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOVATS, CHRISTIAN
8000 RED BUG LAKE ROAD
SUITE 200
OVIDO, FL 32765



01162006 No Chg-P CR2E034 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3498878 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

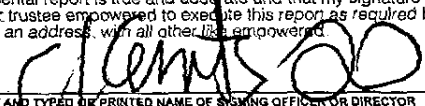
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KOVATS, CHRISTIAN 8000 RED BUG LAKE ROAD OVIDO, FL 32765 |
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01/24/06-80089-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  **01-16-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #