

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90074 038 ***150.00

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DOCUMENT # P98000045992

1. Entity Name

PETER L. KOVACS, M.D., P.A.

Principal Place of Business

**3101 UNIVERSITY BLVD. #205
 JACKSONVILLE FL 32216**

Mailing Address

**3101 UNIVERSITY BLVD. #205
 JACKSONVILLE FL 32216**

2. Principal Place of Business

8036 PHILIPS HWY.

3. Mailing Address

P.O. Box 57100

Suite, Apt. #, etc.

STE. #6

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3513432

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32241-7100

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARNOLD, CHARLES F
 1701 NINTH STREET NORTH
 ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Peter L. Kovacs MD PA **(PK)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D KOVACS, PETER L**
 STREET ADDRESS **3101 UNIVERSITY BLVD. #205**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter L. Kovacs MD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

904 558 7096

Daytime Phone #

CR2E034 (9/01)