


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90058 030 ***150.00

DOCUMENT # P98000045992	
1. Entity Name PETER L. KOVACS, M.D., P.A.	

Principal Place of Business 8036 PHILIPS HWY SUITE #6 JACKSONVILLE, FL 32256 US	Mailing Address P O BOX 57100 JACKSONVILLE, FL 32241-7100 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3513432		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOVACS, PETER L M.D. 3101 UNIVERSITY BLVD., #205 JACKSONVILLE, FL 32216		Name KOVACS, Peter L. M.D. Street Address (P.O. Box Number is Not Acceptable) 1018 Holly Lane City Jacksonville FL Zip Code 32207	

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 Peter L. Kovacs MD DATE 2/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KOVACS, PETER L 3101 UNIVERSITY BLVD. #205 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACS, PETER L 1018 Holly Lane Jacksonville, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Peter L. Kovacs MD, PA DATE 2/11/04 DAYTIME PHONE # (904) 858-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR