2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

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Entity Name: PETER L. KOVACS, M.D., P.A.

Current Principal Place of Business:

3625 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 57100
JACKSONVILLE, FL 322417100 US

New Mailing Address:

1018 HOLLY LANE
JACKSONVILLE, FL 32207 US

FEI Number: 59-3513432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOVACS, PETER L M.D.
1018 HOLLY LANE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

KOVACS, PETER L DR
1018 HOLLY LANE
JACKSONVILLE, FL 32207 US

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 03/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR
Name: KOVACS, PETER L DR
Address: 1018 HOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER L. KOVACS MD DR 03/14/2011
Electronic Signature of Signing Officer or Director Date