

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H76756

**Entity Name:** K. JEAN JOVIK, M.D., P.A.

**Current Principal Place of Business:**

860 S VILLAGE DRIVE  
105  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

P O BOX 770584  
OCALA, FL 34477 US

**FEI Number:** 59-2578775

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOVIK, KARLA J  
860 S VILLAGE DRIVE  
105  
ST PETERSBURG, FL 33716 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            JOVIK, KARLA J  
Address        P O BOX 770584  
City-State-Zip: Ocala FL 34477

Title            VP/T  
Name            GORDON, KATHY  
Address        P O BOX 770584  
City-State-Zip: Ocala FL 34477

*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:** KARLA J JOVIK

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date