

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 12, 1996 08:00 AM
Secretary of State

DOCUMENT # 512434 (2)

1. Corporation Name:
JOHNSON EYE INSTITUTE, P.A.



Principal Place of Business: **38038 N AVENUE ZEPHYRHILLS FL 33540**
Mailing Address: **P.O. BOX 9020 ZEPHYRHILLS FL 33540**

3. Date Incorporated or Qualified: **09/15/1976** 3a. Date of Last Period: **01/26/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number 59-1687348	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	State, Apt. #, etc.	26	State, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country	30			

9. Name and Address of Current Registered Agent

**JOHNSON, DAVID A
38038 N AVENUE
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE

Signature of the corporation (check and print name) or the filer (check) (NOTE: Filers of Agent signatures required when resubmitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11	NAME: PD JOHNSON, DAVID A STREET ADDRESS: 38038 N AVENUE CITY-STATE-ZIP: ZEPHYRHILLS FL	<input type="checkbox"/> DELETE	1. TITLE: _____ 2. NAME: _____ 3. STREET ADDRESS: _____ 4. CITY-STATE-ZIP: _____
12	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	5. TITLE: _____ 6. NAME: _____ 7. STREET ADDRESS: _____ 8. CITY-STATE-ZIP: _____
13	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	9. TITLE: _____ 10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY-STATE-ZIP: _____
14	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	13. TITLE: _____ 14. NAME: _____ 15. STREET ADDRESS: _____ 16. CITY-STATE-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Johnson

2/7/96

DATE DAY OF MONTH YEAR DAY OF MONTH YEAR

CR2E034 (12/95)