

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000131489					
1. Entity Name JOHNSON MEDICAL INSTITUTE, P.A.					
Principal Place of Business 3225 SOUTH MACDILL AVE STE 129-258 TAMPA FL 33629-8171			Mailing Address 3225 SOUTH MACDILL AVE STE 129-258 TAMPA FL 33629-8171		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1032272	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEUKAMM, JOHN B 101 EAST KENNEDY BLVD STE 3140 TAMPA FL 33602			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, DAVID A M.D.		NAME	U00000141729	
STREET ADDRESS	3225 SOUTH MACDILL AVE STE 129-258		STREET ADDRESS	04/30/04-80023-013 150.00	
CITY-ST-ZIP	TAMPA FL 33629-8171		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, DEBRA A		NAME		
STREET ADDRESS	3225 SOUTH MACDILL AVE STE 129-258		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629-8171		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date: 4/27/2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		