

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000131489 1. Entity Name JOHNSON MEDICAL INSTITUTE, P.A.	
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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
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

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

NEUKAMM, JOHN B
305 SOUTH BLVD
TAMPA, FL 33606

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID A M.D. 3225 SOUTH MACDILL AVE STE 129-258 TAMPA, FL 336298171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DEBRA A. 3225 SOUTH MACDILL AVE STE 129-258 TAMPA, FL 336298171
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **4/28/08 (813) 334-8368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #