

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15431

**Entity Name:** JOHNSON MEDICAL CENTER OF VENICE, INC.

**Current Principal Place of Business:**

401 JOHNSON LANE, #101  
VENICE, FL 34285

**Current Mailing Address:**

401 JOHNSON LANE, #101  
VENICE, FL 34285

**FEI Number:** 59-2677819

**Certificate of Status Desired:** No

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

JOHNSON, JEFFREY P.  
230 S TAMIAMI TR  
VENICE, FL 34285 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 DC  
Name JOHNSON, JEFFREY P  
Address 230 S TAMIAMI TRAIL  
City-State-Zip: VENICE FL

*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:** JEFFREY P. JOHNSON

DC

03/01/2018

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

\_\_\_\_\_  
Date