

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

4. FEI Number: **59-1687348** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**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 FL 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) (If applicable) (NOTE: Registered Agent signature required when registering) DATE

**12. OFFICERS AND DIRECTORS**

11 NAME: <b>PD JOHNSON, DAVID A</b>	<input type="checkbox"/> DELETE
12 STREET ADDRESS: <b>38038 N AVENUE</b>	
13 CITY - ST - ZIP: <b>ZEPHYRHILLS FL</b>	
14 TITLE:	<input type="checkbox"/> DELETE
15 NAME:	
16 STREET ADDRESS:	
17 CITY - ST - ZIP:	<input type="checkbox"/> DELETE
18 NAME:	
19 STREET ADDRESS:	
20 CITY - ST - ZIP:	<input type="checkbox"/> DELETE
21 TITLE:	<input type="checkbox"/> DELETE
22 NAME:	
23 STREET ADDRESS:	
24 CITY - ST - ZIP:	<input type="checkbox"/> DELETE
25 NAME:	
26 STREET ADDRESS:	
27 CITY - ST - ZIP:	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME:	
17 STREET ADDRESS:	
18 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME:	
20 STREET ADDRESS:	
21 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME:	
24 STREET ADDRESS:	
25 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME:	
28 STREET ADDRESS:	
29 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96  
DATE DATE OF FILING

CR2E034 (12/95)