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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 512434

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/15/1976

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 2119 West Brandon Blvd

2a. Mailing Address
 26 2119 West Brandon Blvd

Suite, Apt. #, etc.
 22 Suite A

Suite, Apt. #, etc.
 27 Suite A

City & State
 23 Brandon, FL

City & State
 28 Brandon, FL

Zip Country
 24 33511 25

Zip Country
 29 33511 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DAVID A
 38038 N AVENUE
 ZEPHYRHILLS FL 33540

81 Name John B. Naukamm

82 Street Address (P.O. Box Number is Not Acceptable)
 1005 North Tampa Street

83 Suite 1900

84 City Tampa FL 85 Zip Code 33602

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
 NAME JOHNSON, DAVID A
 STREET ADDRESS: 38038 N AVENUE
 CITY-ST-ZIP ZEPHYRHILLS FL

11 TITLE P, S, T, D
 12 NAME Johnson, David A.
 13 STREET ADDRESS 2119 West Brandon Blvd, Suite A
 14 CITY-ST-ZIP Brandon, FL 33511

TITLE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), 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, with all other like empowered.

SIGNATURE:

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

4/20/99 (813) 662-1637

Date

Daytime Phone #

CR2E034 (11/98)

