

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90009 043 ***150.00

DOCUMENT # 601199

1. Entity Name
DONALD E. JOHNSON, M.D., P.A.

Principal Place of Business

**16401 NW 2ND AVE
 STE 200
 N MIAMI FL 33169
 US**

Mailing Address

**16401 NW 2ND AVE
 STE 200
 N MIAMI FL 33169
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16855 NE 2ND AVE
 Suite, Apt. #, etc.
 STE 103**

3. Mailing Address

**16855 NE 2ND AVE
 Suite, Apt. #, etc.
 STE 103**

City & State

N. MIAMI BEACH

City & State

N. MIAMI BEACH

4. FEI Number

59-1264362

Applied For

Not Applicable

Zip

33162

Country

US

Zip

33162

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, DONALD E
 16401 NW 2N AVE
 SUITE 200
 N MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **JOHNSON, DONALD E**
 Street Address (P.O. Box Number is Not Acceptable)
16855 NE 2ND AVE
STE 103
 City **N. MIAMI BEACH** FL Zip Code **33162**

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.

SIGNATURE *Donald E. Johnson, MD* **DONALD E. JOHNSON, MD** **01/08/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **JOHNSON, DONALD E**
 STREET ADDRESS **16401 NW 2ND AVE**
 CITY-ST-ZIP **N MIAMI FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. Johnson, MD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 (305) 249-9925

CR2E034 (9/01)