

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 637888 (9)

1. Corporation Name

DAVID P. JOHNSTON, JR., M.D., P.A.

Principal Place of Business

1801 BARRS ST., STE 900 DE PAUL BLDG.
JACKSONVILLE FL 32204

Mailing Address

1801 BARRS ST., STE 900 DE PAUL BLDG.
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1979

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1948013

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASBURY, LLOYD T.
214 N CLAY STREET, SUITE 100
JACKSONVILLE FL 32202-4435

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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS
NAME JOHNSTON, DAVID P., JR. MD
STREET ADDRESS 1801 BARRS STREET
CITY- ST- ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE T
NAME JOHNSTON, DAVID P., JR. MD
STREET ADDRESS 1801 BARRS STREET
CITY- ST- ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE AS
NAME SHAW, KATHERINE F.
STREET ADDRESS 1801 BARRS STREET
CITY- ST- ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE AS
NAME JOHNSTON, KAREN G.
STREET ADDRESS 1801 BARRS STREET
CITY- ST- ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

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)(d), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID P. JOHNSTON, JR.

1-18-95 (904) 381-8841