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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 656552** 

(7)

**FILED** Apr 22 1997 8:00am Secretary of State

1. Corporation Name DONALD C. JOHNSON, M.D., P.A.  Principal Place of Business Mailing Address 233 OSCEOLA AVENUE ORMOND BEACH FL 32176 ORMOND BEACH FL 32176-8638								
					3. Date Incorporated or Qualified 02/21/1980	7	ate of Last Re 24/1996	epart
2. Princ pal Place of Business		2a, Mailing Address			4. FEI Number		Ap	plied For
21   Suite, Apt	# ple	Suite, Apt. #, etc.		·····	59-1987298		\$8.75 A	t Applicable
22	n, VIV.	27			5. Certificate of Status Desired		Fee Re	
City & Sta	fle	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	T 6		Trust Fund Contribution	_ <u>□</u>	Added t	
Ζφ 24	Country 25	7 ip	30 Coun	ıry	This corporation has liability for Florida Statutes	intangible Yes [		. 199.032,
24]	9. Name and Address of Currer		1301		10. Name and Address of New Re			<del></del>
	INSON, DONALD C.		1	Name				
	OSCEOLA AVENUE		[8	Street Ad	ldress (P.O. Box Number is Not Accepta	ble)		
OR	MOND BEACH FL 32176		}	33				
			[					
			\{ t	City		FL	<b>85</b> Zip (	Code
office or	registered agent, or both, in the State	of Florida. Such change wa	a authorized	are than loa oc	Sipolation adding a no diatomore for the	nt the ann	ointment as	registered
agent I SIGNATURE					orporation submits this statement for the ration's board of directors. I hereby acce	DATE		
	top alon apped or pention name of registered ago OFFICERS AN				ration's board of directors. I hereby accer quired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	op also hyped to produce risk of togestered by OFFICERS AN	ient and title it applicable (N	OTE: Registered 13.	Agent signature rac	quired when reinstating)	DATE		
SIGNATURE  12. HILL NAME	OFFICERS AN JOHNSON, DONALD C.	ien and title it applicable (N ID DIRECTORS	OTE: Registered 13. 11'Till	Agent signature rec	quired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. THE NAME STREET ASTORIESS	PD JOHNSON, DONALD C. 233 OSCEOLA AVE.	ien and title it applicable (N ID DIRECTORS	OTE: Registered 13. 11'TITL 12 NAM 13 STR	Agent signature red  E  AE  EET ADDRESS	quired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. THE NAME STREET ACORESS CITY-ST-ZIP	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL	rest and tale if applicable (N ID DIRECTORS DELETE	13. 11'Till 12 NAN 13 STR	Agent signature rec E ME EET ADDRESS (~ST-ZIP	quired when reinstating)	DATE	DIRECTOR Change	IS IN 12
SIGNATURE  12. THE NAME STREET ACTORISS	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL	ien and title it applicable (N ID DIRECTORS	OTE: Registered 13. 11'TITL 12 NAM 13 STR	Agent signature rec  E  AE  EEET ADDRESS  7-ST-ZIP  E	quired when reinstating)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. HIRE NAME SIBLET ACTORISS CHY-SE-ZIP TRUE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE	rest and tale if applicable (N ID DIRECTORS DELETE	13. 1 1 1 1 1 1 1 2 1 AAA 1 3 STR 1 4 CIT 2 1 TITL 2 2 NAA	Agent signature rec  E  AE  EEET ADDRESS  7-ST-ZIP  E	quired when reinstating)	DATE	DIRECTOR Change	IS IN 12
SIGNATURE  12. HILE NAME SIGHELACORISS CITY ST- ZIP TILLE NAME	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE	rest and tale if applicable (N ID DIRECTORS DELETE	13. 11*TITL 1.2 NAM 13 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	Agent signature race  E  ME  EEET ADDRESS  /-ST-ZIP  E  AE	quired when reinstating)	DATE	DIRECTOR Change	IS IN 12
SIGNATURE  12. HILE HAME SIBELLACORESS CITY-SI- RP HULE NAME SIBELLACORESS	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE.	rest and tale if applicable (N ID DIRECTORS DELETE	13. 11*TITL 1.2 NAM 13 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	Agent signature rec  E  ME  EET ADDRESS  (-ST-ZIP  E  ME  EET ADDRESS  Y-ST-ZIP	quired when reinstating)	DATE	DIRECTOR Change	IS IN 12
SIGNATURE  12. THE NAME SIBILI ADDRESS CHY, SE-ZIP THE NAME SIBILI ADDRESS CHY, SE-ZIP THE NAME SIBILI ADDRESS CHY, SE-ZIP	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE.	POST OF A SPORE AND STATE OF A	13. 1 17111 1.2 NAN 1 3 STR 1.4 CIT- 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	Agent signature rec  E  ME  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E	quired when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition  Addition
SIGNATURE  12. HILE NAME SIBILI ACORESS CITY ST-ZIP TULE NAME STREET ACORESS CITY ST-ZIP TULE NAME STREET ACORESS TULE NAME STREET ACORESS	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE.	POST OF A SPORE AND STATE OF A	13. 1 1711L 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.9 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Mgert signature rac  E  ME  EET ADDRESS (-ST-ZIP  E  AE  EET ADDRESS Y-ST-ZIP  E  AE  EET ADDRESS	quired when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition  Addition
SIGNATURE  12. THE NAME SHEEL ADDRESS CHY, SE-ZIP THE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE.	POST OF A SPOREAGE (N. I.O. DELETE  DELETE  DELETE	13. 1 17111 1.2 NAN 1 3 STR 1.4 CIT- 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT	Agent signature rec  E  ME  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition
SIGNATURE  12. HIGH  NAME  SIRELLACORESS CITY ST-ZIP  TILLE  NAME  STREET ADDRESS CITY ST-ZIP  TILLE  NAME  STREET ADDRESS CITY ST-ZIP  TILLE  TILLE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE.	POST OF A SPORE AND STATE OF A	13. 1 1*TITL 1.2 NAN 1 3 STR 1.4 CIT- 2.1 TITL 2.2 NAN 2 3*STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT	Agent signature rec  E  AE  EET ADDRESS  (-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP  E  ET ADDRESS  Y-ST-ZIP  E  EF ADDRESS  Y-ST-ZIP  E	quired when reinstating)	DATE	DIRECTOR Change	S IN 12 Addition  Addition
SIGNATURE  12. HILE NAME SIBELLACORGSS CITY SE-ZIP TOLE NAME SIBELLACORGSS CITY SE-ZIP TOLE TOLE TOLE TOLE TOLE TOLE TOLE TOLE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	POST OF A SPOREAGE (N. I.O. DELETE  DELETE  DELETE	13. 1 1711L 1.2 NAM 13 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  AE  EET ADDRESS Y-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition
SIGNATURE  12. HILE NAME SIRELI ACORESS CITY SI- ZIP TOLE NAME SIRELI ACORESS CITY SI- ZIP TOLE TOLE TOLE TOLE TOLE TOLE TOLE TOLE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	POST OF A SPOREAGE (N. I.O. DELETE  DELETE  DELETE	13. 1 1711L 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  AE  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS H  EET ADDRESS  WE  EET ADDRESS	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition
SIGNATURE  12. HILE NAME SIBELLACORGSS CITY SE-ZIP TOLE NAME SIBELLACORGSS CITY SE-ZIP TOLE TOLE TOLE TOLE TOLE TOLE TOLE TOLE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	POST OF A SPOREAGE (N. I.O. DELETE  DELETE  DELETE	13. 1 1711L 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  AE  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS (-ST-ZIP)	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition
SIGNATURE  12. THE NAME SHEEL ACRESS CITY SEZIP THE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	IPPE OF A SPONICIANDO (N. III) DELETE  DELETE  DELETE  DELETE	13. 1 1711L 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  AR  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition Addition
SIGNATURE  12. THEE NAME SHEEL ACCRESS CITY SE ZIP THEE NAME STREET ACCRESS CITY SE ZIP THEE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	IPPE OF A SPONICIANDO (N. III) DELETE  DELETE  DELETE  DELETE	13. 1 17TH 12 NAM 13 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  AR  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition Addition
SIGNATURE  12. THEE NAME SHEEL ACRESS CITY SE ZIP THEE NAME SHEEL ALCRESS CITY SE ZIP THEE NAME	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 17111 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.4 CIT 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS  Y-ST-ZIP  E  ME  EET ADDRESS  Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS (-ST-ZIP)  E  ME	quired when reinstating)	DATE	D DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12. TIBLE NAME SIBLET ACORESS CITY SE ZIP TIBLE NAME SIBLET ACORESS	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	IPPE OF A SPONICIANDO (N. III) DELETE  DELETE  DELETE  DELETE	13. 1 17111 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.4 CIT 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  ME  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS (-ST-ZIP)	quired when reinstating)	DATE	D DIRECTOR  Change  Change	S IN 12 Addition Addition Addition
SIGNATURE  12. TIBLE NAME SIBLET ACORESS CITY SE ZIP NAME SIBLET ACORESS CITY SE ZIP	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1711L 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 5.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E	quired when reinstating)	DATE	D DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition
SIGNATURE  12. THEE NAME SHEEL ACRESS CITY SE ZIP THEE	PD JOHNSON, DONALD C. 233 OSCEOLA AVE. ORMOND BEACH FL STD JOHNSON, GLENDA FAYE 233 OSCEOLA AVE. ORMOND BEACH FL	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 17111 1.2 NAM 1 3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2 3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM 6.3 STR	Agent signature rac  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E  ME  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E  EET ADDRESS (-ST-ZIP)  E	quired when reinstating)	DATE	D DIRECTOR  Change  Change  Change	S IN 12 Addition Addition Addition Addition

Too negary cernity that the information supplied with this bring does not quality for the exemption stated in occident 180.0/(3)(I), Florida Statutes, Flurtiner certify that the information indicated on this annual report or supplierental 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 of trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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