

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 021 \*\*\*150.00

DOCUMENT # **697014**

1. Entity Name

DENIS C. I. JOHNSON, M.D., PA

Principal Place of Business

DENIS C. I. JOHNSON, M.D.

Mailing Address

7001 N. DALE MABRY HIGHWAY  
SUITE#3  
TAMPA, FLORIDA 33614

2. Principal Place of Business

DENIS C. I. JOHNSON, M.D.

Suite, Apt. #, etc.

3. Mailing Address

7001 N. DALE MABRY HIGHWAY

Suite, Apt. #, etc.

SUITE# 3

City & State

TAMPA, FL 33614

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0075280**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DENIS C. I. JOHNSON, M.D. ☐ Delete  
7001 N. DALE MABRY HIGHWAY  
TAMPA, FL 33614

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

A0076280



Denis C. I. Johnson, M.D., F.A.C.S.  
DIPLOMATE OF THE AMERICAN BOARD OF SURGERY  
GENERAL SURGERY

7001 N. DALE MABRY HWY., SUITE 3  
TAMPA, FLORIDA 33614

TELEPHONE (813) 915-0707  
FAX (813) 935-2909

June 19, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

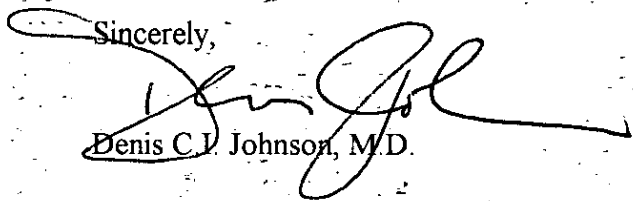
Re: Lost Check  
Document #: 6970

Dear Sir or Madam:

Per our telephone conversation on June 18, 2001, I have researched my bank statements. My records indicate that check number 1730 was written for the amount of \$ 150.00 on April 17, 2001. However, the bank has confirmed that the check was never cashed and there is no copy of a cancelled check.

Your company advised me to submit another check in the amount of \$ 150.00. I apologize for any inconvenience that this may have caused. If you have any questions please do not hesitate to contact my office.

Sincerely,

  
Denis C. I. Johnson, M.D.

Enclosure

dcij/kdj