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	Mailing Address
DENIS C. I. JOHNSON, M.D.	7001 N. DALE MABRY HIGHWAY SUITE#3 TAMPA, FLORIDA 33614

A0075280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
DENIS C. I. JOHNSON, M.D.		7001 N. DALE MABRY HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE# 3	
City & State		City & State TAMPA, FL 33614	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

CR2E034 (11/00)

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 #

Attachment
A00076280

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 cause. If you have any questions please do not hesitate to contact my office.

Sincerely,

Denis C.I. Johnson, M.D.

Enclosure

dcij/kdj