


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-14-2007 90060 012 ***150.00

DOCUMENT # F36188 1. Entity Name GLENN R. JOHNSTON, M.D., P.A.	
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Principal Place of Business 1540 FLORENTINO LANE WINTER PARK, FL 32792	Mailing Address 1540 FLORENTINO LANE WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2110678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, GLENN R
1540 FLORENTINO LANE
WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Glenn R Johnston M.D. (Pres) DATE: 2/2/07

Signature, title or correct name of registered agent, and date of appointment. (NOT a registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOHNSTON, GLENN R 1540 FLORENTINO LANE WINTER PARK, FL 32792
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn R Johnston M.D. 2/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deliver Here