


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90014 024 ***150.00

DOCUMENT # F36188

1. Entity Name
 GLENN R. JOHNSTON, M.D., P.A.



40054634

Principal Place of Business
 1540 FLORENTINO LANE
 WINTER PARK, FL 32792

Mailing Address
 1540 FLORENTINO LANE
 WINTER PARK, FL 32792



2. Principal Place of Business - No P.O. Box #
 901 JORDAN BLASS

3. Mailing Address
 1373 Vestavia Cir

Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State
 MELBOURNE FL

City & State
 MELBOURNE FL

Zip
 32940

Country
 BREVARD

Zip
 32940

Country
 BREVARD

4. FEI Number
 59-2110678

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1373 Vestavia Circle

City
 MELBOURNE

State
 FL

Zip Code
 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Glenn R. Johnston*

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/26/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	Delete
NAME JOHNSTON, GLENN R	<input type="checkbox"/>	
STREET ADDRESS 1540 FLORENTINO LANE		
CITY-ST-ZIP WINTER PARK, FL 32792		
TITLE	<input type="checkbox"/>	Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/26/08

Daytime Phone #