

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G68738** (5)
1. Corporation Name
JOHNSON PUTNAM FAMILY PRACTICE ASSOCIATES, P.A.



Principal Place of Business Mailing Address
C/O LINDA P. JOHNSON-BENNETT
301 S. PALM AVENUE
PALATKA FL 32177-4143

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **11/09/1983** 3a. Date of Last Report **05/10/1995**
4. FEI Number **59-2361831** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BENNETT, CHARLES
301 S. PALM AVENUE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Charles Bennett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD
JOHNSON-BENNETT, LINDA
301 S PALM AVE
PALATKA, FL 00000
[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
V
BENNETT, CHARLES
301 S PALM AVE
PALATKA FL
[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
[] DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME [] Change [] Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE 2 NAME [] Change [] Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE 3 NAME [] Change [] Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE 4 NAME [] Change [] Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE 5 NAME [] Change [] Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE 6 NAME [] Change [] Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

904 328 7493

Daytime Phone #

CR2E034 (12/95)