

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # G68738

1. Entity Name
JOHNSON PUTNAM FAMILY PRACTICE ASSOCIATES,
P.A.



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

Mailing Address
C/O LINDA P. JOHNSON-BENNETT
301 S. PALM AVENUE
PALATKA, FL 32177-4143



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2361831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, CHARLES
301 S. PALM AVENUE
PALATKA, FL 32177

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

1100000988173
04/09/08 20081-017 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered

SIGNATURE:

Charles Bennett 4/4/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3863287493

Daytime Phone #