

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 028573

1. Corporation Name

D. J. MEDICAL CORP.

Principal Place of Business

600 SW 150 TERR.
PEMBROKE PINES,
FL 33027

Mailing Address

600 SW 150 TERR.
PEMBROKE PINES,
FL 33027

APPROVED

95 MAY -1 PM 12:22

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 600 SW 150 TERR.

2a. Mailing Address

26 600 SW 150 TERR.

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

23 PEMBROKE PINES, FL

City & State

28 PEMBROKE PINES, FL

Zip

24 33027

Country

25 USA

Zip

29 33027

Country

30 USA

3. Date Incorporated or Qualified

8-11-86

3a. Date of Last Report

1994

4. FEI Number

650240030

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 § 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DONALD E. JOHNSON, M.D.

600 SW. 150 TERR.

PEMBROKE PINES, FL 33027

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

Signature of Agent or Current Registered Agent and New Registered Agent

Signature of Registered Agent (Signature Required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PRESIDENT
DONALD E. JOHNSON, M.D.
600 SW 150 TERR.
PEMBROKE PINES, FL 33027

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

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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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald E. Johnson, M.D.

4-29-95

(407)347-1300