

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J35488

**FILED**  
**Aug 12, 2008**  
**Secretary of State****Entity Name:** DEAN LIVINGSTON JOHNSTON, M.D., INC.**Current Principal Place of Business:**4106 W. LAKE MARY BLVD.  
#212  
LAKE MARY, FL 32746**New Principal Place of Business:****Current Mailing Address:**4106 W. LAKE MARY BLVD.  
#212  
LAKE MARY, FL 32746**New Mailing Address:****FEI Number:** 59-2777554**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHNSTON, DEAN L DR.  
4106 W. LAKE MARY BLVD.  
#212  
LAKE MARY, FL 32746 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DP ( ) Delete  
**Name:** JOHNSTON, DEAN L DR.  
**Address:** 3240 CARLA ST.  
**City-St-Zip:** ORLANDO, FL**Title:** MGRM ( ) Delete  
**Name:** JOHNSTON, KATHLEEN K OWNER  
**Address:** 3240 CARLA ST  
**City-St-Zip:** ORLANDO, FL 32806 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** JOHNSTON, DEAN L DR.  
**Address:** 3240 CARLA ST.  
**City-St-Zip:** ORLANDO, FL 32806 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SEC ( ) Change (X) Addition  
**Name:** JOHNSTON, KATHLEEN K  
**Address:** 3240 CARLA ST  
**City-St-Zip:** ORLANDO, FL 32806 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN L. JOHNSTON MD

DP

08/12/2008

Electronic Signature of Signing Officer or Director

Date