

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35488

FILED  
Jan 08, 2012  
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  
Name: JOHNSTON, DEAN L DR.  
Address: 3240 CARLA ST.  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM  
Name: JOHNSTON, KATHLEEN K OWNER  
Address: 3240 CARLA ST  
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC  
Name: JOHNSTON, KATHLEEN K  
Address: 3240 CARLA ST  
City-St-Zip: ORLANDO, FL 32806 FL

I hereby 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 all other like empowered.

SIGNATURE: DEAN L. JOHNSTON

DP

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date