

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J37111 (8)

1. Corporation Name

D.B. JOHNSON, M.D., F.A.C.S., P.A.

Principal Place of Business

Mailing Address

~~1712 JOHNSON ST~~ 1636 Elton Rd, Ste 103 ~~1712 JOHNSON ST~~ 1636 Elton Rd, Ste 103  
JENNINGS LA 70546 JENNINGS LA 70546  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1986

4. FEI Number

59-2723208

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1636 Elton Rd

Suite, Apt. #, etc

22 Suite 103

City & State

23 Jennings LA

Zip

24 70546

Country

25 US

2a. Mailing Address

26 1636 Elton Rd

Suite, Apt. #, etc.

27 Suite 103

City & State

28 Jennings LA

Zip

29 70546

Country

30 US

9. Name and Address of Current Registered Agent

DWYER, DANIEL L  
14217 THIRD STREET  
DADE CITY FL 33525

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME JOHNSON, D.B., M.D.  
STREET ADDRESS 1712 JOHNSON ST  
CITY - ST - ZIP JENNINGS LA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.B. JOHNSON M.D., P.A.  
1.2 NAME  
1.3 STREET ADDRESS 1636 ELTON ROAD, SUITE 103  
1.4 CITY - ST - ZIP JENNINGS, LA 70546

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE

D. B. Johnson

JAN 5, 1998

CR2E034 (10/97)