2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

ANNUAL REPURI						z - Caa	ventar	\mathbf{x}_{i} $\mathbf{A}\mathbf{f}^{i}$	Stata
DOCUMENT # J67010 1. Enlity Name DOUGLAS W. JOHNSON, M.D., P.A.					Secretary of State				
Principal Place of Business		Mailing Address		<u> </u>	1				
8265 RIDING CLUB ROAD JACKSONVILLE, FL 32256		8265 RIDING CLUB ROAD JACKSONVILLE, FL 32256							
					t laansea alka i	ENN (BEN KENEN NEW BEN	A MARIN MARINEN MARINE	BOOK BOOK BOOK	(CERT II FRANS
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Surte, Apt. #, etc.		03282005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		<u>. </u>	4. FEI Number 59-2793	· · · · · · · · · · · · · · · · · · ·	<u></u>	Ap	pplied For
Zip	Country	Zip	Zip Count			of Status Desired		8.75 Add	ditional
<u></u>	6. Name and Address of Current Registered Agent				7. Name and	Address of New R	Registered A	sent	
				Name					
JOHNSON, DOUGLAS W. 8265 RIDING CLUB ROAD JACKSONVILLE, FL 32256			Street Address (P.O. Box Number is Not Acceptable)						
,				City		······	FL	Zip Code	e
# The shows	named entity submits this statement for	the nurpose of changing its	s register	ed office or register	ed agent, or both	, in the State of Flo	orida. I am fa	miliar with.	and accept
the obligated signature.	flons of registered agent. Signature, typed of printed name of registered agent an	of fille if applicable (NO	TE Registere	d Agont signature required	(when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS	11,		AUDITIONS/C	HANGES TO OFF			
TITLE	PD	Delete	TITL					☐ Change	Addition Addition
NAME	JOHNSON, DOUGLAS W.		NAM error	E E1 ADDRESS					
STREET ADDRESS CITY-ST-ZIP	8265 RIDING CLUB RD JACKSONVILLE, FL 32256			-ST-ZIP		U00 <u>00</u> 0;	286460		
TITLE	0.0000000000000000000000000000000000000	☐ Delete	1111	<u> </u>		U4/U4/U5-I	80058- 0	Change	Addition
NAME		L— 20,010	NAM	E E					
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP				-ST-71P					
TITLE	1	☐ Delate	I TITL	i				Change	Addition 🗔
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		Delete.	TOTAL	E			-	☐ Change	Addition
NAME	i 		NAV	IE)					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-51-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		Delete	titl Nan	I				☐ Change	☐ Addition
name Street address				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delele	ToTL	E				☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS				FET ADDRESS					
CITY-ST-ZIP				+ST-ZIP			1.541-	E . al. = 2.35	
12. I hereby indicated of the conchanged	certify that the information supplied with it on this report or supplemental report is rooration or the ready or fursteed emport or on an attachment with an address, w	this filing does not qualify for true and accurate and that wered to execute this repor th all other like empowered	or the exe my signa t as requi d.	imption stated in Se ture shall have the ired by Chapter 607	ection 119.07(3)(i) same legal effect 7, Florida Statutes	i, Fiorida Statutes. as if made under i; and that my nam	ι τυπηές certi oath; that I ar ie appears in	n an officer Block 10 o	or director r Block [1 if