

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90361 032 \*\*\*550.00

DOCUMENT # P00000024113

1. Entity Name  
 COUNTRYSIDE MEDICAL, HERBERT F. JOHNSON M.D., P.  
 A.

Principal Place of Business Mailing Address  
 S E CORNER OF BLOXHAM & CLYDE STREET POST OFFICE BOX 414  
 MAYO FL 32066 MAYO FL 32066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 S.E. CR Bloxham & Clyde P.O. Box 114  
 Suite, Apt. #, etc. N/A Suite, Apt. #, etc. N/A  
 City & State Mayo, FL City & State Mayo, FL  
 Zip 32066 Country U.S.A Zip 32066 Country U.S.A

4. FEI Number 59-3633270 ☒ Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
 JOHNSON, HERBERT F  
 S E CORNER OF BLOXHAM & CLYDE STREET  
 MAYO FL 32066  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Herbert F. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE 07-09-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HERBERT F		NAME		
STREET ADDRESS	SE CORNER OF BLOXHAM & CLYDE		STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert F. Johnson* REQUIRED 07-09-02 386-2942423  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)