a 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

JOHNSON EZELL HEALTH CARE MANAGEMENT, INC.

Principal	Place of	Business

Mailing Address

18167 U.S. HIGHWAY 19 NORTH **CLEARWATER FL 33764**

18167 U.S. HIGHWAY 19 NORTH

CLEARWATER	FL	33764

P01000032118 **DOCUMENT #**

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90177 029 ***150.00



							48111 887	#	1
2. Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH 18167 U.S. HIGHWAY		19 NORTH	[18111 68 11	J	1 11 001 (4(† (46)		
Suite, Apt. #, etc. SUITE 660		Suite, Apt. #, etc. SUITE 660				DO NOT WRITE IN THIS SPACE			
City & State CLEARWATER, F	T.	City & State CLEARWATER, FL	,		4.	FEI Number 59-3708391			Applied For Not Applicable
Zip 33764	Country PINELLAS	Zip 33764	Country PINELLAS		5.	. Certificate of Status Desired		\$8.75 Ac	
	e and Address of Current F	legistered Agent			7.	Name and Address of New Reg	gistere	d Agent	
				Name			-	_	
EZELL, NEIL 18167 U.S. HIGHWAY 19 NORTH, SUITE 660 CLEARWATER FL 33764				Street Address (P.O. Box Number is Not Acceptable)					
				City			F	L Zip Cod	de
8. The above named ent	ity submits this statement for	the purpose of changing its	registere	ed office or regis	tered a	agent, or both, in the State of Flori	da.		
SIGNATURE		···							
Signature, type	ed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registere	d Agent signature requi	red when	reinstating)	DATE		
 This corporation is eli Tax filing requiremen (See criteria on back) 	_	FILE NOW!	02 Fee	will be \$550.00		10. Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be
		Make Check Payab		epartment of S					
11.	OFFICERS AND D		12.	- 1	A	ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE D	ru	☐ Delete	TITLE					☐ Change	☐ Addition
NAME EZELL, N STREET ADDRESS 18167 U.	icil S. Highway 19 North	מוודיד 660	NAM						
	S. FIGHWAY 19 NORTH	, 30112 000		ET ADDRESS - ST-ZIP					
	RIER FL 33/04		-						
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	N, R. KELLEY	0117mm ((0	NAM						
	S. HIGHWAY 19 NORTH	SUITE 660	- 1	ET ADDRESS					
CLEARW.	ATER FL 33764		CITY	-ST-ZIP					
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CITY-ST-ZIP			CITY-	-ST-ZIP		<u>.</u>			
I3. I hereby certify that the	ne information supplied with t	his filing does not qualify for	the exer	motion stated in S	Section	a 119 07(3)(i) Florida Statutes I fu	irther c	ertify 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:

(727) 530-5522

Daytime Phone #



April 25, 2002

<u>FedEx</u>

Division of Corporations Uniform Business Report Filings 409 East Gaines Street Tallahassee, FL 32399

RE: 2001 UNIFORM BUSINESS REPORTS-CORPORATIONS

Dear Sirs:

Please find enclosed the following Uniform Business Reports along with checks for the appropriate fees:

Company	Document #	FEI #	<u>Amount</u>
Clearwater Land Company	J73164	59-2876602	\$150.00 6
Johnson Management Corp.	Н80383	59-2765663	\$150.00
Port Square Construction, Inc.	H57234	59-2525680	\$150.00
Johnson Ezell Corporation	P93000022329	59-3174106	\$150.00
Johnson Ezell Health Care	P01000032118	59-3708391	\$150.00
Management, Inc.	647722		

If you have any questions, please contact me at (727) 530-5522.

Sincerely,

Earl F. Moore Controller

Commercial Division

Carl 7. More

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