


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000032118 1. Entity Name JOHNSON EZELL HEALTH CARE MANAGEMENT, INC.	
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Principal Place of Business 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764	Mailing Address 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3708391	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EZELL, NEIL 18167 U.S. HIGHWAY 19 NORTH SUITE 660 CLEARWATER, FL 33764
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000299953
04/11/05-80126-023 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EZELL, NEIL 18167 U.S HWY 19 NORTH , STE 660 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, R. KELLEY 18167 U.S HWY 19 NORTH , STE 660 CLEARWATER, FL 33764
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil Ezell, President Neil Ezell 4/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #