


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

05-06-2005 90093 040 ***150.00

DOCUMENT # P04000058628					
1. Entity Name JEAN R JOHNSON MD PA					
Principal Place of Business 3420 SW 147TH AVENUE MIRAMAR, FL 33027			Mailing Address 3420 SW 147TH AVENUE - MIRAMAR, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent				4. FEI Number	
JOHNSON, JEAN R 3420 SW 147TH AVENUE MIRAMAR, FL 33027				20-0969298	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of New Registered Agent				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JEAN R 3420 SW 147TH AVENUE MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 authority like empowered.					
SIGNATURE: (X) <i>JEAN R JOHNSON MD PA</i>			Date <i>4/28/05</i> Daytime Phone # <i>786-299-6880</i>		

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04282005 Chg-P CR2E034 (10/03)