

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000060506

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** CHANDRIA LYNN JOHNSON, M.D., P.A.

**Current Principal Place of Business:**

924 MAR WALT DRIVE  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

8880 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

924 MAR WALT DRIVE  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

789 BARLEY PORT LANE  
FORT WALTON BEACH, FL 32547

FEI Number: 20-4777053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOSTER, WILLIAM S  
909 MAR WALT DRIVE  
1014  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

JOHNSON, CHANDRIA L MD  
789 BARLEY PORT LANE  
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: CHANDRIA LYNN JOHNSON, MD

10/16/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JOHNSON, CHANDRIA L M.D.  
Address: 924 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, CHANDRIA L M.D.  
Address: 789 BARLEY PORT LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRIA LYNN JOHNSON, MD

P

10/16/2007

Electronic Signature of Signing Officer or Director

Date