

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90027 024 \*\*\*150.00

**DOCUMENT # P93000053051**

**1. Entity Name**  
**HOWARD JOHNSON HEALTH CARE, INC.**

**Principal Place of Business**  
**1411 JOHNS ST**  
**BLOUNTSTOWN FL 32424**

**Mailing Address**  
**POST OFFICE BOX 776**  
**BLOUNTSTOWN FL 32424**  
**US**

**2. Principal Place of Business**  
**17799 NE Charlie Johns St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Blountstown, Florida**

**City & State**

**4. FEI Number**  
**59-3194520**

**Applied For**  
 **Not Applicable**

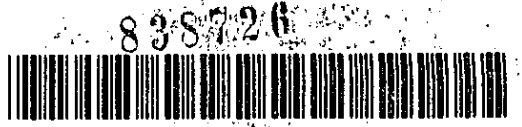
**Zip**  
**32424**

**Country**  
**Calhoun**

**Zip**

**Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**JOHNSON, HOWARD**  
**1411 JOHNS STREET**  
**POST OFFICE BOX 776**  
**BLOUNTSTOWN FL 32424**

**7. Name and Address of New Registered Agent**  
 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.**  
 SIGNATURE *Howard Johnson, Sr., Pres.* *Howard Johnson, Sr., Pres.* **3-6-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHNSON, HOWARD S</b> <b>1411 JOHNS ST</b> <b>BLOUNTSTOWN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOHNSON, JEANETTE</b> <b>1411 JOHNS ST</b> <b>BLOUNTSTOWN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ELDRIDGE, DEBORAH J</b> <b>825 DOGWOOD AVENUE</b> <b>BLOUNTSTOWN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JOHNSON, HOWARD J</b> <b>1411 JOHNS ST</b> <b>BLOUNTSTOWN FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Johnson, Howard, Sr.</b> <b>17799 NE Charlie Johns St.</b> <b>Blountstown, FL. 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Johnson, Jeanette</b> <b>17799 NE Charlie Johns St.</b> <b>Blountstown, FL. 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Eldridge, Deborah J.</b> <b>20071 SW Dogwood Ave.</b> <b>Blountstown, FL. 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Johnson, Howard, Jr.</b> <b>17799 NE Charlie Johns St.</b> <b>Blountstown, Florida 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Howard Johnson, Sr.* **Howard Johnson, Sr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-2002**  
Date

**(850) 674-8101**  
Daytime Phone #

CR2E034 (9/01)

Attachment

838726

Doc. # P9300053051

Howard Johnson Health Care, Inc.  
is at the same location.

The change is the new 911 address.

The mailing address remains  
the same.

*Howard Johnson, Sr. Pres.*  
Howard Johnson, Sr. Pres.

3-6-2002