

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P96000088266

1. Entity Name

SAMUEL W. JOHNSEN M.D., INC.

FILED

00 AUG 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1215 MIRAMAN ST.
CAPE CORAL FL 33904

Mailing Address

1215 MIRAMAN ST.
CAPE CORAL FL 33904

2. Principal Place of Business

1215 MIRAMAN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33904

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, SAMUEL
1215 MIRAMAN ST
CAPE CORAL FL 33904

Samuel Johnson

DO NOT WRITE IN THIS SPACE

03-04-00 90006 020 \$150.00

4. FEI Number 65-0709284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT ☒ Delete

NAME JOHNSON, SAMUEL W
STREET ADDRESS 523 E. CAPE CORAL PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE DVS ☒ Delete

NAME JOHNSON, LESLIE K
STREET ADDRESS 523 E. CAPE CORAL PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete

NAME Johnson, Samuel E.
STREET ADDRESS 1215 MIRAMAN ST
CITY-ST-ZIP Cape Coral, FL 33904

TITLE (DPT President) ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-00 (941) 549 3131

CR2E034 (5/00)



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SAMUEL E. W. JOHNSEN, M.D.

Family and Internal Medicine

1215 Miramar Street
Cape Coral, Florida 33904
(941) 549-3131 FAX (941) 549-4226

07-13-00

To whom it may concern

Re: Samuel E. Johnsen, MD inc.

FEI 65-0709284

Uniform Business Report 2000

P96000088266

Please find enclosed a copy of check # 0418 in the amount of \$150.00 deposited by the Department of State on Feb. 14, 2000 for the annual Corporate report. For unknown reasons a "Second Notice" was received with an additional fee of \$ 550.00.

In addition, under "place of business" the street name has been corrected, and under section 6 and 11 a name correction and deletion of an old address has been indicated.

If this does not correct the current situation, please contact me at the address indicated above at your earliest convenience.

Sincerely,

Samuel E. Johnsen, MD