FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90163 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80099923

DOCUMENT # P99000014359

1. Entity Name
MICHAEL K. JOHNSON, PH.D. AND ASSOCIATES, CLINICAL AND CONSULTING SERVICES, P.A.

Principal Place of Business	Mailing Address
4016 HENDERSON SUITE E TAMPA, FL 33679	P.O. BOX 18441 TAMPA, FL 33679-8441

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2011 W. Cleveland St	
Suite, Apt. #, etc. Ste. F	Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33606 Country Hills.	Zip Country

4. FEI Number **59-3558924** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, MICHAEL K PH.D.
4301 W. CORONA ST.
TAMPA, FL 33629

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael K Johnson PhD 4/28/03
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, 2003 Fee Will Be $550.00
Make Checks Payable To Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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, MICHAEL K PH.D. P.O BOX 18441 TAMPA, FL 336798441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael K Johnson PhD 4/28/03 (813) 254-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #