

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

0018040 AV

DOCUMENT # **P99000049398**

1. Entity Name  
**JOHNSON ORTHODONTICS, P.A.**



04-16-2003 90248 033 \*\*\*150.00

Principal Place of Business  
**3 CYPRESS BRANCH WAY, SUITE 107  
PALM COAST FL 32164**

Mailing Address  
**3 CYPRESS BRANCH WAY, SUITE 107  
PALM COAST FL 32164**



2. Principal Place of Business  
**25 PINE CONE DRIVE**

3. Mailing Address  
**25 PINE CONE DRIVE**

Suite, Apt. #, etc.  
**SUITE 1**

Suite, Apt. #, etc.  
**SUITE 1**

City & State  
**PALM COAST, FL**

City & State  
**PALM COAST, FL**

Zip  
**32164**

Country

Zip  
**32164**

Country

4. FEI Number  
**59-3579025**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JOHNSON, PAUL D  
3 CYPRESS BRANCH WAY, SUITE 107  
PALM COAST FL 32137**

7. Name and Address of New Registered Agent  
Name **Johnson, Paul D.**  
Street Address (P.O. Box Number is NOT acceptable)  
**25 Pine Cone Drive  
SUITE 1  
PALM COAST FL** Zip Code **32164**

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 **PAUL D. JOHNSON President** DATE **4.8.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>JOHNSON, PAUL D 3 CYPRESS BRANCH WAY STE 107 PALM COAST FL 32164</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Johnson, Paul D. 25 Pine Cone Drive Suite 1 Palm Coast, FL 32164</b>
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
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"/> 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)(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: **4.8.03** **386 445 7671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)