

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

95 MAR 15 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V47940 (4)

1. Corporation Name

STEPHEN D. JOHNSTON, M.D., P.A.

Principal Place of Business

P O BOX 1175  
NEW PORT RICHEY FL 34291-1175

Mailing Address

P O BOX 1175  
NEW PORT RICHEY FL 34291-1175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

03/29/1994

4. FEI Number

59-3130780

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

JOHNSTON, STEPHEN D.  
5539 MARINE PARKWAY  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPPD  
JOHNSTON, STEPHEN D.  
5539 MARINE PARKWAY  
NEW PORT RICHEY FLTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Johnston

3/7/95

841-8225