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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:43

DOCUMENT # V59658 (7)

1. Corporation Name
DREW A. JOHNSON, PA-C, INC.

Principal Place of Business	Mailing Address
1058 PIEDMONT OAKS CT APOPKA FL 32703 US	1058 PIEDMONT OAKS CT APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: P.O. Box 533077
22: Suite, Apt. #, etc.
23: City & State: ORLANDO FL
24: Zip: 32853
25: Country: ORANGE

2a. Mailing Address
26: P.O. Box 533077
27: Suite, Apt. #, etc.
28: City & State: ORLANDO FL
29: Zip: 32853
30: Country: ORANGE

4. FEI Number: 59-3137214 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, DREW A.
1058 PIEDMONT OAKS CT
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1813 MAPLE LEAF DRIVE
83
84 City: WINDERMERE FL 85 Zip Code: 34786

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, DREW A.	1.2 NAME		
STREET ADDRESS	1058 PIEDMONT OAKS CT	1.3 STREET ADDRESS	P.O. Box 533077	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	ORLANDO FL 32853	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, DREW A.	2.2 NAME		
STREET ADDRESS	1058 PIEDMONT OAKS CT	2.3 STREET ADDRESS	P.O. Box 533077	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	ORLANDO FL 32853	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	1813 Maple Leaf Dr ← (Don't receive mail here)	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Drew A. Johnson 3-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030000 CP