2024 Form 1 - Statement of Financial Interests

Filed with COE: 04/07/2025

General Information

Name: Dr Eric Douglas Johnson

PID 257899

AGENCY INFORMATION

Organization	Suborganization	Title
Department of Financial Services-Boards	FL Health Maintenance Organization Consumer Assistance Plan	Board Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
AvMed Health Plans	Miami FL	Health Maintenance Organization

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
Vacant 5 acre lot in Alachua County
Vacant 5 acre lot in Alachua County

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Cash	Truist
Retirement Account	FRS
Retirement account	Lincoln Financial
Retirement account	ETrade

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
US Bank	North Carolina
Captial City Bank	Tallahassee, FL
Huntington Bank	United States
FBC Mortgage	Orlando, FL

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1	
Name of Business Entity	AvMed Health Plans
Address of Business Entity	Miami, FL
Principal Business Activity	Health insurance
Postion Held with Entity	Chief Actuary
I own more than a 5% Interest in the Business	No
Nature of my Ownership Interest	None

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Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Filer

Eric Douglas Johnson

Digitally signed: **04/07/2025**

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