2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90040 044 ***150.00

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1. Entity Name
JOHNSON MEDICAL INSTITUTE, P.A.

20007707

Principal Place of Business	Mailing Address
3225 SOUTH MACDILL AVE STE 129-258 TAMPA, FL 33629-8171	3225 SOUTH MACDILL AVE STE 129-258 TAMPA, FL 33629-8171

02192007 No Chg-P CR2E034 (11/05)

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4. FEI Number
33-1032272
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEUKAMM, JOHN B
305 SOUTH BLVD
TAMPA, FL 33606

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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 _____ DATE
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, DAVID A M.D.
STREET ADDRESS	3225 SOUTH MACDILL AVE STE 129-258
CITY-ST-ZIP	TAMPA, FL 336298171
TITLE	D
NAME	JOHNSON, DEBRA A .
STREET ADDRESS	3225 SOUTH MACDILL AVE STE 129-258
CITY-ST-ZIP	TAMPA, FL 336298171
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/8/07 (813) 334-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8368