2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# P96000012016

Entity Name: JOHNSON ANESTHESIA, P.A.

Current Principal Place of Business:

8572 WOODBRIAR DR.
SARASOTA, FL 34238

New Principal Place of Business:

15818 DELAPLATA LANE
NAPLES, FL 34110

Current Mailing Address:

8572 WOODBRIAR DR.
SARASOTA, FL 34238

New Mailing Address:

15818 DELAPLATA LANE
NAPLES, FL 34110

FEI Number: 65-0638125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, VICKY C
8572 WOODBRIAR DR.
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

JOHNSON, VICKY C
15818 DELAPLATA LANE
NAPLES, FL 34110 US

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.

SIGNATURE: VICKY JOHNSON 03/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, VICKY
Address: 8572 WOODBRIAR DR.
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, VICKY C
Address: 15818 DELAPLATA LANE
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKY JOHNSON PRES 03/23/2007
Electronic Signature of Signing Officer or Director Date