2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012016

Entity Name: JOHNSON ANESTHESIA, P.A.

FILED Feb 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15818 DELAPLATA LANE 3964 TORREY PINES BLVD NAPLES, FL 34110 SARASOTA, FL 34238

Current Mailing Address: New Mailing Address:

15818 DELAPLATA LANE 8499 S. TAMIAMI TRAIL PMB #230 NAPLES, FL 34110 SARASOTA, FL 34238

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, VICKY C
15818 DELAPLATA LANE
NAPLES, FL 34110 US
JOHNSON, VICKY C
3964 TORREY PINES BLVD
SARASOTA, FL 34238 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: 02/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 JOHNSON, VICKY C
 Name:
 JOHNSON, VICKY C

 Address:
 15818 DELAPLATA LANE
 Address:
 3964 TORREY PINES BLVD

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify 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 02/04/2008