## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # H54371  1. Entity Name JOHNSON P. MASSEY, M.D., P.A.							01-23-2004 9	-		
Principal Place 601 OAK CO KISSIMMEE,	MMONS BL\		Mailing Address 9848 KILGORE RD ORLANDO, FL 32836	9848 KILGORE RD						
Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102004 Chg-P 💉 CR2E034 (10/03)				
City & State			City & State			4. FEI Number 59-2533				plied For at Applicable
Zip -	. دلست	Country	Zip	Coun	try	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Re	gistered A	gent	
BOGNER, JAMES B.					Name					
225 E. ROBINSON STREET, SUITE #600 ORLANDO, FL 32819					Street Address (P.O. Box Number is Not Acceptable)					
					City	City FL Zi			Zip Code	ė
8. The above	named entit	y submits this statement fo	r the purpose of changing it	s register	L. ed office or registe	ered agent, or both	, in the State of Flori		L amiliar with,	and accept
the obligat	tions of regist	tered agent.	A				-			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	: d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut					ncina \$5	5.00 May Be				
Arter M	ay 1, 200		· · · · · · · · · · · · · · · · · · ·		· - •	ded to Fees				
10.			Trust Fund Cor		· - •	ded to Fees	CHANGES TO OFFIC	ERS AND	DIRECTORS	6 IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ALLES - PRINTED AME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Daile Dayline Phone #