

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 011 ***150.00

DOCUMENT # H54371 1. Entity Name JOHNSON P. MASSEY, M.D., P.A.					
Principal Place of Business 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741 US			Mailing Address 9848 KILGORE RD ORLANDO, FL 32836		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2533518	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGNER, JAMES B. 225 E. ROBINSON STREET, SUITE #600 ORLANDO, FL 32819			7. Name and Address of New Registered Agent - Name JOHNSON P. MASSEY Street Address (P.O. Box Number is Not Acceptable) 601 OAK COMMONS BLVD City KISSIMMEE FL 34741		
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 <u><i>Johnson P. Massey</i></u> <u><i>JOHNSON P. MASSEY</i></u> <u><i>1-17-05</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSEY, JOHNSON P., M.D. 9848 KILGORE RD ORLANDO, FL 32836		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Johnson P. Massey</i></u> <u><i>JOHNSON P. MASSEY</i></u> <u><i>1-17-05</i></u> <u><i>407 846-0626</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					