2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J37111

1. Entity Name D.B. JOHNSON, M.D., F.A.C.S., P.A.



FILED Feb 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

823 GRAND AVE

YAZOO CITY, MS 39194

P O BOX 88

YAZOO CITY, MS 39194

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2723208 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DWYER, DANIEL L 14217 THIRD STREET DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its registere | ed office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
|---|--|--|-------------------|--------------------------------|---|--|
| SIGNATURE_ | | | | | | |
| | Signature, typed or printed name of registered agent and title if | spolicable. (NOTE, Registere | d Agent signature | required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | Election Campaign Finar Trust Fund Contribution. | ocing | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP JOHNSON, D B MD 823 GRAND AVENUE YAZOO CITY, MS 39194 | | | 1100000001100 | | |
| TITLE NAME STREET ADDRESS CITY-ST-7!P | | | | | U00000634438 02/22/07-80010-012 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | | ! | • | | |

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:

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR