

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90024 022 \*\*\*150.00

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02102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000121370</b> 1. Entity Name <b>PATRICK T. JOHNSON, DMD, PA</b>					
Principal Place of Business <b>3002 EHRLICH RD., SUITE 301</b> <b>TAMPA, FL 33624-2355</b>			Mailing Address <b>3002 EHRLICH RD., SUITE 301</b> <b>TAMPA, FL 33624-2355</b>		
2. Principal Place of Business - No P.O. Box # <b>5111 Ehrlich Rd. #150</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>5111 Ehrlich Rd #150</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Tampa FL</b> <small>Zip Country</small> <b>33634 -</b>		City & State <b>Tampa FL</b> <small>Zip Country</small> <b>33634 -</b>		4. FEI Number <b>80-0004638</b> <small>Applied For</small> <small>Not Applicable</small>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>JOHNSON, PATRICK T</b> <b>3802 EHRLICH RD., SUITE 301</b> <b>TAMPA, FL 33624-2355</b>	
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>5111 Ehrlich Rd #150</b> <small>City</small> <b>Tampa</b> <small>FL</small> <small>Zip Code</small> <b>33634</b>				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: <small>Signature, typed or printed name of registered agent and agent is acceptable. (NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE <b>2/14/07</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PATRICK T 922 DAPHNE DR. BRANDON, FL 33510	<input type="checkbox"/> Delete			
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE <b>2/14/07</b>			Daytime Phone #		