

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000121370

1. Entity Name  
PATRICK T. JOHNSON, DMD, PA



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

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

00018129



02102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>5111 Ehrlich Rd. #150</b> Suite, Apt. #, etc.	3. Mailing Address <b>5111 Ehrlich Rd. #150</b> Suite, Apt. #, etc.	4. FEI Number <b>80-0004638</b> Applied For Not Applicable
City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>33634</b>	Zip <b>33634</b>	Country

6. Name and Address of Current Registered Agent  JOHNSON, PATRICK T 3802 EHRЛИCH RD., SUITE 301 TAMPA, FL 33624-2355	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5111 Ehrlich Rd #150</b> City <b>Tampa</b> FL <b>33634</b> Zip Code
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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: *✓ John*

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when restating)

DATE *✓ 2/14/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D JOHNSON, PATRICK T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	922 DAPHNE DR.			
CITY-ST-ZIP	BRANDON, FL 33510			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: *✓ John*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*✓ 2/14/07*