

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000021192

1. Entity Name

MATTHEW S. JOHNSON MSD, DDS, P.A.



Principal Place of Business

**14859 N DALE MABRY
TAMPA, FL 33618**

Mailing Address

**14859 N DALE MABRY
TAMPA, FL 33618**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3564044

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MATTHEW S
8903 REGENTS PARK DRIVE, SUITE 150
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000391303
01/24/06-80034-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

JOHNSON, MATTHEW S

STREET ADDRESS

8903 REGENTS PARK DRIVE, SUITE 150

CITY-ST-ZIP

TAMPA, FL 33647

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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:

Matthew S. Johnson, DDS, MSD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 813-964-0828
Date Daytime Phone #