2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

02-21-2005 90061 034 ***150.00

DOCUMENT # V67743

1. Entity Name
BRIAN T. JOHNSON, M.D., P.A.

Principal Place of Business	Mailing Address
5341 GRAND BLVD. NEW PORT RICHEY, FL 34652	5341 GRAND BLVD. NEW PORT RICHEY, FL 34652

66007538

2. Principal Place of Business		3. Mailing Address	
5341 Grand Blvd		5341 Grand Blvd	
Suite, Apt. #, etc.: #102		Suite, Apt. #, etc.: #102	
City & State: NEW PORT RICHEY FL		City & State: NEW PORT RICHEY FL	
Zip: 34652	Country: USA	Zip: 34652	Country: USA

01172005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3146161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, BRIAN T. 3930 EXECUTIVE DRIVE PALM HARBOR, FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BRIAN T.	NAME	
STREET ADDRESS	5341 GRAND BLVD.	STREET ADDRESS	5341 GRAND BLVD #102
CITY-ST-ZIP	NEW PORT RICHEY, FL	CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ______ 2/15/05 (727) 847-1825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRIAN T. JOHNSON, M.D.