

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000086207

**Entity Name:** ALLISON MILLER, DDS PA

**Current Principal Place of Business:**

325 PARK NORTH CT  
WINTER PARK, FL 32789

**Current Mailing Address:**

325 PARK NORTH CT  
WINTER PARK, FL 32789 US

**FEI Number:** 46-1167564

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, ALLISON  
325 PARK NORTH CT  
WINTER PARK, FL 32789 US

*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.*

**SIGNATURE:** ALLISON MILLER

01/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPTS  
Name MILLER, ALLISON  
Address 325 PARK NORTH CT  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLISON MILLER

DPTS

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date