#### 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. 01/14/2014

SIGNATURE: ALLISON MILLER, DDS

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000086207

Entity Name: ALLISON MILLER, DDS PA

### **Current Principal Place of Business:**

1294 RICHMOND ROAD WINTER PARK, FL 32789

### **Current Mailing Address:**

1294 RICHMOND ROAD WINTER PARK, FL 32789 US

# FEI Number: 46-1167564

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ANGERT, AMY 1294 RICHMOND ROAD WINTER PARK, FL 32789 US

**Officer/Director Detail :** DPT

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.

Title

#### SIGNATURE:

Title

Name	MILLER, ALLISON	Name	MILLER, CLAY
Address	1294 RICHMOND ROAD	Address	1294 RICHMOND ROAD
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

S

PRESIDENT

FILED Jan 14, 2014 Secretary of State CC0225091075

Date

Date

Certificate of Status Desired: Yes