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

Electronic Signature of Signing Officer/Director Detail

2017 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

City-State-Zip: WINTER PARK

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:

Address

Officer/Director Detail :				
Title	DPT	Title	S	
Name	MILLER, ALLISON	Name	MILLER, CLAY	

	Hame	
1294 RICHMOND ROAD	Address	1294 RICHMOND ROAD
WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

Certificate of Status Desired: No

01/16/2017 Date

FILED Jan 16, 2017 Secretary of State CC1924450829

PRESIDENT

Date