

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000003833

**Entity Name:** CHRISTOPHER R MILLER DDS PA

**Current Principal Place of Business:**

39342 U.S. HIGHWAY 19, NORTH  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

39342 U.S. HIGHWAY 19, NORTH  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 83-3144911

**Certificate of Status Desired:** No

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

MILLER, CHRISTOPHER R  
39342 U.S. HIGHWAY 19, NORTH  
TARPON SPRINGS, FL 34689 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MILLER, CHRISTOPHER R  
Address 33143 U.S. HIGHWAY 19, NORTH  
City-State-Zip: PALM HARBOR FL 34684

Title VP  
Name KATHY, MILLER  
Address 39342 U.S. HIGHWAY 19, NORTH  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** CHRISTOPHER MILLER

**PRES**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date