

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 544412 (0)**

1. Corporation Name  
**SANCHEZ, MILLER, M.D. & ASSOCIATES, P.A.**



Principal Place of Business  
**1649 ATLANTIC BLVD  
SUITE 3  
JACKSONVILLE FL 32207  
US**

Mailing Address  
**1649 ATLANTIC BLVD  
SUITE 3  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business  
21 **SAME**  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26 **SAME**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29

3. Date Incorporated or Qualified **09/01/1977**  
3a. Date of Last Report **01/31/1995**

4. FEI Number **59-1763943**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
**SANCHEZ, EDUARDO A.  
1649 ATLANTIC BLVD.  
SUITE 3  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent or director, as applicable. (NOTE: Registered Agent signature is required for all registrations.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	<b>P SANCHEZ, EDUARDO A M 1649 ATLANTIC BLVD. STE 3 JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>VPD MILLER, JUAN MD 1649 ATLANTIC BLVD STE 3 JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

CR2E034 (12/95)