


2004 FOR PROFIT CORPORATION ANNUAL REPORT

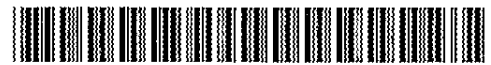
FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 544412
 1. Entity Name
MILLER & QUINONES, M.D., 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
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DO NOT WRITE IN THIS SPACE



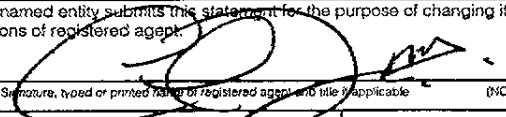
01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1763943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUINONES, LUIS E M.D.
 1649 ATLANTIC BLVD.
 SUITE 3
 JACKSONVILLE, FL 32207

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, JUAN MD 1649 ATLANTIC BLVD STE 3 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUINONES, LUIS E. MD 1649 ATLANTIC BLVD STE 3 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000035479
 03/12/04-80025-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  Juan Miller, MD 3/10/04 328-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #