

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

1995



DOCUMENT # 549830 (8)

ADOLFO N. MILLAN, M.D., P.A.

APPROVED
FILED

MAY 1 11:04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2151 45TH ST SUITE 208
WEST PALM BEACH FL 33407

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WEST PALM BEACH FL 33407

21	2051 45th Street	26	2051 45th Street
22	Suite 208	27	Suite 208
23	West Palm Beach, FL	28	West Palm Beach, FL
24	33407	29	33407
9. Name and Address of Current Registered Agent		30. Palm Beach	

3	10/21/1977	3a	05/01/1994
4	59-1783894	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$8.75 Additional Fee Required	
6	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00 May Be Added to Fees	
8	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent	

MILLAN, ADOLFO
620 SOUTH LAKESIDE DR.
LAKE WORTH FL 33313

81	Name	
82	Street Address	
83	City	
84	State	FL
85	Zip Code	

11. I, the undersigned, hereby certify that the information furnished herein is true and correct and that the statement for the purpose of changing its registered office...

12.	PD MILLAN, ADOLFO N., M.D. 620 SO. LAKESIDE DR. LAKE WORTH FL
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13.	<input type="checkbox"/> Change <input type="checkbox"/> Add
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14. I, the undersigned, hereby certify that the information furnished herein is true and correct and that the statement for the purpose of changing its registered office...

SIGNATURE: *Karen Millan* (KAREN MILLAN) 4-28-95 407-844-4333
Adolfo N. Millan