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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2000

DOCUMENT # 549830 (8)

1. Corporation Name ADOLFO N. MILLAN, M.D., P.A.

Principal Place of Business 45TH ST SUITE WEST PALM BEACH FL 33407 US

Mailing Address 45TH ST SUITE WEST PALM BEACH FL 33407-2014 US

3. Date Incorporated or Qualified 10/21/1977 3a. Date of Last Report 07/15/1999

4. FEI Number 59-1783894 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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

DATE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when name/being)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change Addition

14. This document submitted to the filing office does not qualify for the reduction stated in Section 119.07(3)(1), Florida Statutes. I further certify that this information is true and correct and that my signature shall have the same legal effect as if made in person.

SIGNATURE:

Signature of Adolfo N. Millan, M.D., P.A.

5/1/2000

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORM 1001 (2000)