2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90137 050 ***150.00

DOCUMENT # 549830

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

Principal Place of Business	Mailing Address
2151 45TH ST STE 108 WEST PALM BEACH FL 33407 US	2151 45TH ST STE 108 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5601 Corporate Way	5601 Corporate Way
Suite, Apt. #, etc. #301	Suite, Apt. #, etc. #301
City & State West Palm Beach FL	City & State West Palm Beach, FL
Zip 33407 Country Palm Beach	Zip 33407 Country Palm Beach

4. FEI Number 59-1783894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLAN, ADOLFO 620 SOUTH LAKESIDE DR. LAKE WORTH FL 33313	Name Millan, Adolfo Street Address (P.O. Box Number is Not Acceptable) 5601 Corporate Way suite #301 City West Palm Beach FL Zip Code 33407

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.

SIGNATURE Adolfo Millan M.D 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLAN, ADOLFO N., M.D. 620 SO. LAKESIDE DR. LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Millan Adolfo N. M.D. 5601 Corporate Way #301 West Palm Beach, FL 33407	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adolfo Millan M.D 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #