


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 549830
 1. Entity Name
 ADOLFO N. MILLAN, M.D., P.A.



Principal Place of Business Mailing Address
 5601 CORPORATE WAY #301 5601 CORPORATE WAY #301
 WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US

DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1783894	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
 MILLAN, ADOLFO
 5601 CORPORATE WAY #301
 WEST PALM BEACH, FL 33407

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000327476
 04/25/05-80039-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLAN, ADOLFO N., M.D. 5601 CORPORATE WAY #301 WEST PALM BEACH, FL 33407
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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: Adolfo Millan M.D.P.A. Adolfo Millan M.D.P.A. 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #