


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 549830</b> 1. Entity Name <b>ADOLFO N. MILLAN, M.D., P.A.</b>	
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Principal Place of Business <b>5601 CORPORATE WAY #301 WEST PALM BEACH FL 33407 US</b>	Mailing Address <b>5601 CORPORATE WAY #301 WEST PALM BEACH FL 33407 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	4. FEI Number <b>59-1783894</b>
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Applied For  
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MILLAN, ADOLFO</b> <b>5601 CORPORATE WAY #301</b> <b>WEST PALM BEACH FL 33407</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete NAME: MILLAN, ADOLFO N., M.D. STREET ADDRESS: 5601 CORPORATE WAY #301 CITY-ST-ZIP: WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2/7/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date