

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549830

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** ADOLFO N. MILLAN, M.D., P.A.

**Current Principal Place of Business:**

5601 CORPORATE WAY #301  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

5601 CORPORATE WAY #301  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 59-1783894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLAN, ADOLFO  
5601 CORPORATE WAY #301  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLAN, ADOLFO N., M.D.  
Address: 5601 CORPORATE WAY #301  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADOLFO MILLAN

P

04/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date