


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 553179
1. Entity Name
DEAN & MILLER, M.D.'S, P.A.




Principal Place of Business Mailing Address
**415 N. CAUSEWAY
NEW SMYRNA BCH FL 32169** **415 N. CAUSEWAY
NEW SMYRNA BCH FL 32169**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-1779218** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEAN, ROBERT C., M.D.
415 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAN, ROBERT C, MD 415 N. CAUSEWAY NEW SMYRNA BCH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN0000059061 03/01/04-80002-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST MILLER, DANIEL F. 415 N. CAUSEWAY NEW SMYRNA BCH FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Samuel J. Miller MD* 2/23/04 (306) 4274143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #