

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 561936

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** ROBERT MILLER, M.D., P.A.

**Current Principal Place of Business:**

1547 SAN MARCO BL  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1547 SAN MARCO BL  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-1801154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, ROBERT  
5504 GROVE AVE  
JACKSONVILLE, FL 32211 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: MILLER, ROBERT  
Address: 5504 GROVE AVE  
City-St-Zip: JACKSONVILLE, FL

Title: S  
Name: MILLER, DEANNA JEAN  
Address: 5504 GROVE AVE  
City-St-Zip: JACKSONVILLE, FL

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: ROBERT MILLER MD

OWNE

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date