FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603704

1. Corporation Name

J. FRED MILLER, III, M.D., P.A.

| Principal Place of Business | Mailing Address |
|-----------------------------|--------------------------|
| 600 NOKOMIS AVENUE SOUTH | 600 NOKOMIS AVENUE SOUTH |
| D O DDAWED 2047 | P O DRAWER 2047 |

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90020 043 ***150.00



| VENICE FL 34284-9047 VENICE FL 34284-9047 | | | DO NOT WRITE IN THIS SPACE | | | | | | |
|---|---|---------------------|----------------------------|----------------|-----------------------|-------|--|------------------|------------------------------|
| | | | | | | 3. | Date Incorporated or Qualifed 09/22/1972 | | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | s | | <u> </u> | 4. | FEI Number | | Applied For |
| 21 | | 26 | | | | | 59-1412653 | | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, et | łc. | | | 5. | Certifcate of Status Desired | | 75 Additional ee Required |
| City & State | | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Zip 24 | Country 25 | Zip 29 | 70 G | untry | | 8. | This corporation owes the current year le Personal Property Tax. | ntangible Yes | |
| | 9. Name and Address of Cu | | LL | | | 10. | Name and Address of New Registered | Agent | |
| 600 N | R, J FRED III IOKOMIS AVE SOUTH DE FL 33595 | | | 81 82 83 | Name Street Addres | ss (F | P.O. Box Number is Not Acceptable) | | |
| 1 - 1 - 1 - 1 - 1 | /L L 00000 | | | 1031 | | | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

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City

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
|--|---|---------------------------|---|-----------------------------|------------|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| TITLE | P DELETE | 1.1 TITLE | | Change | Addition | | | | | |
| NAME | MILLER, J FRED, III | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 600 NOKOMIS AVE S | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | VENICE FL | 1.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | S DELETE | 2.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | MILLER, FRED J 111 | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 600 NOKOMIS AVENUE, A | 2.3 STREET ADDRESS | | |) | | | | | |
| CITY-ST-ZIP | VENICE FL | 2. 4 CITY-ST-ZIP | | | ·' | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | ľ | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | ì | | | | | |
| CITY-ST-ZIP | | 4.4 CITY+ST-ZIP | | | | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | Change | ☐ Addition | | | | | |
| NAME | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | ì | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | ☐ DELETE | 6.1 T/TLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | 6.2 NAME | | | ļ | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | | | | | | |
| AA I banabu a | artify that the information supplied with this filling does not qualify for t | ha avamntion stated in Sa | tion 119 07/3)(i) Florida Statutes Li | turther certify that the in | normation | | | | | |

indicated on this annual report or supplied with an address, with all other like expowered.

SIGNATURE:

Zip Code