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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 608115 (2)

**1. Corporation Name
A. EDGAR MILLER, JR., M.D., P.A.**

**Principal Place of Business Mailing Address
2000 N FEDERAL HWY. 2000 N FEDERAL HWY.
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1979 3a. Date of Last Report 04/20/1994

2. Principal Place of Business 2a. Mailing Address
21 **26**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 **28**
 Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number 59-1878383 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MILLER, A EDGAR JR
2000 N FEDERAL HWY
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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 the corporation

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, A EDGAR JR.
STREET ADDRESS	2000 N FEDERAL HWY
CITY, ST, ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

A. EDGAR MILLER, JR.

4-12-95

Date

305-946-4608

Telephone No.