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PROFIT CORPORATION ANNUAL REPORT 1007 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS			Apr 21 1997 8:00ar Secretary of State		
DOCUN 1. Corporation	1997 MENT # 6081 ' NR MILLER, JR., M.D., P	15 (2)	JOF CORPORATIONS		-
Principal Place 2000 N FEDRAL POMPANO BEA	L HWY.	Mailing Address 2000 N FEDRAL HWY POMPANO BEACH FI			
				3. Date Incorporated or Qualified 01/23/1979	3a. Date of Last Report 04/16/1996
2. Principal Pl	lace of Business	2a. Mailing Address	3	4, FEI Number 59-1878383	Applied For Not Applica
Sulte, Apt.	#, etc.	Suite, Apt. #, etc	0.	5, Certificate of Status Desired	\$8.75 Additional
City & State	n .	27 City & State			Feo Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032 █ Yes : □ No
	9. Name and Address of C ER, A EDGAR JR	urrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
11. Pursuant toffice or reagent. Lar	to the provisions of Sections 60 egisterod egent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida S State of Florida. Such change obligations of, Section 607.050	Statutes, the above-named cor was authorized by the corpora 05, Florida Statutes.	poration submits this statement for the partion's board of directors. I hereby accep	FL 85 Zip Code surpose of changing its registed the appointment as registore
12.	Signature, typed or printed name of register	red agent and title if applicable." S AND DIRECTORS	(NOTE: Registered Agent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	P	DELET		ADDITIONS/OFINIALS TO OFFIC	Change Add
NAME STREET ADDRESS	MILLER, A EDGAR JR. 2000 N FEDERAL HWY POMPANO BEACH FL		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FUMPAIN DENOTE L	DELET	1.4 CHY-ST-ZIP E 2.1 TITLE		Change Add
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CHTY-ST-ZIP	:	
TITLE		DELFT			Change Add
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - S1 - ZIP		
TITLE		DELFT	E 4.1 TITLE		Change Ado
NAME STREET ADDRESS	ı		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-SI-ZIP		
TITLE		☐ DELET			Change Add
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CI1Y - ST - ZIP		
TITLE		DELET			Change Ado
NAME STREET ADDRESS			6.2 NAME 6.3 STREF1 ADDRESS		
CITY-SY-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>	64 CITY-ST-ZIP		
information	by certify that the information sup in Indicated on this annual repor fficer or director of the corporation in Block 12 or Block 13 if change	rt or supplemental annual repo ion or the receiver or trustee er	ort is true and accurate and that impowered to execute this repo	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S UAR TILLE V. 1/1	s. I further certify that the I effect as if made under oath tatules; and that my name