

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

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pg. 1 of 2

97 JUL -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 639694 (9)
1. Corporation Name
LAMAR C. MILLER, D.O., P.A.

Principal Place of Business
5911 E TROUBLE CREEK RD
NEW PORT RICHEY FL 34652

Mailing Address
5911 E TROUBLE CREEK RD
NEW PORT RICHEY FL 34652-5126

3. Date Incorporated or Qualified
10/15/1979

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number
59-1944689

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. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, LAMAR C
5911 E TROUBLE CREEK ROAD
NEW PORT RICHEY FL. FL 34652

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	
NAME	MILLER, LAMAR C	1.2 NAME	
STREET ADDRESS	5911 E TROUBLE CREEK RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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****165.00 ****165.00

Alan
7/3/97

CR2E034 (9/96)

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 199.032, 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. I am an officer or director of the corporation or the registered agent or authorized to execute this report as provided in Chapter 607, Florida Statutes, and I am a resident of this state.

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June 8, 1997

Department of State
Tallahassee
Florida

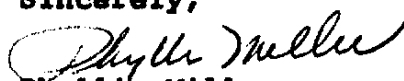
ATTN:DEBBIE

Per our conversation on Friday I am enclosing a copy of the annual report which I sent on April 29 along with a replacement check. If the original application and check turn up please return the other check to me. The address is:

Lamar C. Miller, D.O., PA
5911 Troublecreek Road
New Port Richey, Fla. 34652.

Thank you for taking care of this for me.

Sincerely,


Phyllis Miller