Pg 1 of 2

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUL -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 34652-5128

3. Date Incorporated or Qualified: 10/15/1979
3a. Date of Last Report: 05/29/1996
4. FEI Number: 59-1944689 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
MILLER, LAMAR C
5911 E TROUBLE CREEK ROAD
NEW PORT RICHEY FL. FL 34652

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLER, LAMAR C	
STREET ADDRESS	5911 E TROUBLE CREEK RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	☐ DELETE
NAME	MILLER, PHYLLIS G.	
STREET ADDRESS	5911 E TROUBLE CREEK RD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	400002235254--2	
1.3 STREET ADDRESS	-07/10/97--01090--002	
1.4 CITY-ST-ZIP	****165.00 ****165.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

D. Alan 7/3/97

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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 on an attachment with an address.

SIGNATURE: [signature] 6/30/97 847-5352

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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