

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90041 009 ***150.00

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DOCUMENT # 681038

1. Entity Name
JAMES S. MILLER, M.D., P.A.

Principal Place of Business
**4541 N DAVIS HWY. SUITE 6B
 PENSACOLA FL 32503**

Mailing Address
**4541 N DAVIS HWY. SUITE 6B
 PENSACOLA FL 32503**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2017171		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MILLER, JAMES S. 4541 N DAVIS HWY, SUITE 6B PENSACOLA FL 32503				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *James S. Miller, M.D.* DATE: *2/20/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES S.		NAME		
STREET ADDRESS	4541 N DAVIS HWY #6B		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHRYN A		NAME		
STREET ADDRESS	700 BAY CLIFFS RD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James S. Miller, M.D.* DATE: *2/20/02* (850) 477-6190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)