

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90046 025 \*\*\*150.00

**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

24023526



03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2017171	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, JAMES S.  
4541 N DAVIS HWY, SUITE 6B  
PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James S. Miller, M.D.* *James P. Miller, M.D.* *3/8/04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JAMES S. 4541 N DAVIS HWY #6B PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, KATHRYN A 700 BAY CLIFFS RD GULF BREEZE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James P. Miller, M.D.* *James S. Miller, MD* *3/8/04 (PS) 977-6190*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #