

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

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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90103 007 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G69472**

1. Corporation Name  
**DEBORAH J. MILLER, P.A.**

Principal Place of Business Mailing Address  
 2665 S BAYSHORE DR #201 2665 S BAYSHORE DR #201  
 MIAMI FL 33133 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 201 Alhambra Circle		26 201 Alhambra Circle		10/11/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Ste. 701		27 Ste. 701		59-2332907	
City & State		City & State		Applied For	
23 Coral Gables FL		28 Coral Gables		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33134 25 USA		29 33134 30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MILLER, DEBORAH J. 2665 S BAYSHORE DR #201 MIAMI FL 33133		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 <i>Deborah J. Miller</i>		DATE 2/23/99			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MILLER, DEBORAH J. 2665 S BAYSHORE DR #201 MIAMI FL 33133		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		85 Zip Code	
		FL			

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SIGNATURE *Deborah J. Miller* DATE 2/23/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILLER, DEBORAH J	1.2 NAME			
STREET ADDRESS	2665 S BAYSHORE DR., #201	1.3 STREET ADDRESS 201 Alhambra Circle, Ste. 701			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP Coral Gables FL 33134			
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Deborah J. Miller* DATE 2/23/99 (305) 661-8459

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

CR2E034 (1/198)