

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24394

Entity Name: PHILIP MILLER, M.D., P.A.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

5305 GREENWOOD AVENUE
SUITE 202
WEST PALM BEACH, FL 33407

Current Mailing Address:

5305 GREENWOOD AVENUE
SUITE 202
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5080 PGA BLVD
SUITE 201
PALM BEACH GARDENS, FL 33418

New Mailing Address:

5080 PGA BLVD
SUITE 201
PALM BEACH GARDENS, FL 33418

FEI Number: 59-2450568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, M.D. PHILIP
5305 GREENWOOD AVENUE
SUITE 202
W. PALM BEACH, FL 33458 US

Name and Address of New Registered Agent:

MILLER, M.D. PHILIP
113 BAYBERRY CIRCLE
JUPITER, FL 33458 US

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: PHILIP MILLER, M.D.D

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, PHILIP,
Address: 5305 GREENWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: MILLER, JANIS,
Address: 5305 GREENWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, PHILIP,
Address: 5080 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD (X) Change () Addition
Name: MILLER, JANIS,
Address: 5080 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP MILLER, M.D.

PD

03/26/2007

Electronic Signature of Signing Officer or Director

Date