

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90072 021 ***150.00

0060530 AV

DOCUMENT # J13568

1. Entity Name
BENNETT MILLER, M.D., P.A.

Principal Place of Business | Mailing Address
416 MUIRFIELD DR. | **416 MUIRFIELD DR.**
ATLANTIS FL 33462 | **ATLANTIS FL 33462**
US | **US**

AU004130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2687116		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLER, BENNETT 4140 LAKE WORTH RD. LAKE WORTH FL 33461 <i>→ change address</i>				Name Miller, Bennett			
				Street Address (P.O. Box Number is Not Acceptable) 416 Muirfield Dr.			
				City Atlanta FL Zip Code 33462			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, BENNETT 416 MUIRFIELD DR ATLANTIS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **7/16/01** **860-232-6574**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc # J13568
A0082130

August 13, 2001.

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Bennett Miller M.D. P.A.
Ref. Number: J13568

Dear Sirs:

As requested by your letter of August 2, 2001 (letter # 501A00044758) I am enclosing a check for \$150.00 , made out to the Dept of State, and the corrected Uniform Business Report.

I trust this will finalize this matter.

Sincerely yours,



Bennett Miller M.D. P.A.

Enc:

1/ Ck. \$ 150.00 to Dept of State

2/ Uniform Business Report

3/ Copy of 08/02/01 letter from Fl. Dept of State (Andy Dunlap)



Attachment Doc# J13568
A0082130

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 2, 2001

BENNETT MILLER, M.D., P.A.
416 MUIRFIELD DR.
ATLANTIS, FL 33462 US

SUBJECT: BENNETT MILLER, M.D., P.A.
Ref. Number: J13568

Thank you for your letter of July 16, 2001, which has been forwarded to me for response.

The copy of the check you have provided was cashed by the Florida Department of Revenue. If you have another cancelled check from this agency, please provide a copy for further research. Otherwise, please submit a new check in the amount of \$150.00 to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 501A00044758