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May 01, 2007 8:00 am
Secretary of State
05-01-2007 90030 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017666

1. Entity Name
IRA BRUCE MILLER, P.A.

4UUJJJ...

03302007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3751 SE 38 TERR. OCALA, FL 34471	3751 SE 38 TERR. OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3603 SE 49 Avenue	3603 SE 49 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. FEI Number: 59-3712560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, IRA
3751 SE 38 TERR.
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name: Ira Miller
Street Address (P.O. Box Number is Not Acceptable): 3603 SE 49 Avenue
City: Ocala FL Zip Code: 34471

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: [signature] Ira Miller 4/2/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	MILLER, IRA	
STREET ADDRESS	3751 SE 38 TERR.	3603 SE 49 Ave.
CITY-ST-ZIP	OCALA, FL 34471	Ocala, FL 34471
TITLE	VSD	☐ Delete
NAME	MILLER, PATTI G	
STREET ADDRESS	3751 SE 38 TERR.	3603 SE 49 Ave.
CITY-ST-ZIP	OCALA, FL 34471	Ocala, FL 34471
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Patti G. Miller 4/2/07 325-259-3285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #