

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90043 029 ***150.00

DOCUMENT # P01000027410

1. Entity Name
MILLER ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business

~~8446 NW 55TH COURT~~
~~CORAL SPRINGS, FL 33067~~
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 33021

Mailing Address

~~8446 NW 55TH COURT~~
~~CORAL SPRINGS, FL 33067~~
3850 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 33021



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2610412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY
~~8446 NW 55TH COURT~~ **3850 HOLLYWOOD BLVD**
~~CORAL SPRINGS, FL 33067~~ **#204**
HOLLYWOOD, FL 33021

**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

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 NAME STREET ADDRESS CITY - ST - ZIP	PRÉS MILLER, BARRY 8446 NW 55 COURT 3850 HOLLYWOOD BLVD #204 CORAL SPRINGS, FL 33067 HOLLYWOOD, FL 33021
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07