

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000088897	
1. Entity Name CHESTER D. MILTENBERGER, MD, PA	
	
Principal Place of Business	Mailing Address
4106 WEST LAKE MARY BLVD SUITE 325 LAKE MARY, FL 32746	4106 WEST LAKE MARY BLVD SUITE 325 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2208861	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentMILTENBERGER, CHESTER D
4106 WEST LAKE MARY BLVD
SUITE 325
LAKE MARY, FL 32746**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	MILTENBERGER, CHESTER D
STREET ADDRESS	4106 LAKE MARY BLVD, SUITE 325
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	
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05/28/08-80094-018 150.00**DO NOT WRITE
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

4/29/08

Date

Daytime Phone # _____