

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084127

Entity Name: MILLER HEALTH SERVICES, INC

FILED
Apr 06, 2011
Secretary of State

Current Principal Place of Business:

4238 FOX RIDGE DR
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4238 FOX RIDGE DR
WESTON, FL 33331

New Mailing Address:

FEI Number: 56-2379669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, GARY
4238 FOX RIDGE DR.
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLER, GARY
Address: 4238 FOX RIDGE DR
City-St-Zip: WESTON, FL 33331

I hereby 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 all other like empowered.

SIGNATURE: GARY MILLER

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date