


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 002 ***150.00

DOCUMENT # P03000090857	
1. Entity Name SHAWN B. MILLER, M.D., P.A.	

Principal Place of Business 27952 HACIENDA VILLAGE DR. #1 BONITA SPRINGS, FL 34135	Mailing Address 27952 HACIENDA VILLAGE DR. #1 BONITA SPRINGS, FL 34135
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44046449



06072004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0175488	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MILLER, SHAWN 27952 HACIENDA VILLAGE DR. #1 BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: *Shawn B. Miller* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MILLER, SHAWN 27952 HACIENDA VILLAGE DR. #1 BONITA SPRINGS, FL 34135 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shawn B. Miller* 6/5/04 239-267-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shawn B Miller MD ☐ ☐
Board Certified Internist ☐ ☐

Bonita Community Health Center
3501 Health Center Boulevard
Suite 2220
Bonita Springs, Florida 34135

tel 239.992.2088
fax 239.992.4525

Attachment

P03000090857
44046449

June 5, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302.1500

To Whom It May Concern:

Enclosed is my 2004 Annual Report, I filed it on-line before the May 1st deadline, using my credit card. To date, my credit card has not been debited the \$150. Since I used my lap-top computer which is not hooked up to a printer I don't have a copy of the confirmation that came on the screen.

I became concerned when the funds were not taken from my credit card and decided to send in the form and a check so I can be sure that you do receive them.

Your assistance with this is appreciated, next year I will make sure that I use my office computer so I can be sure to print out my confirmation.

If you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Shawn B. Miller, M.D., PA