

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90866 008 \*\*\*150.00

**DOCUMENT # P03000120870**

1. Entity Name  
**DARIN M. MILLER, D.O., P.A.**



Principal Place of Business  
**12264 TAMiami TRAIL EAST  
#201  
NAPLES, FL 34113**

Mailing Address  
**939 JUNIPER COURT  
MARCO ISLAND, FL 34145**

60046169



**DO NOT WRITE IN THIS SPACE**

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**55-0851783**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MINCK, LINDA R  
5801 PELICAN BAY BOULEVARD, SUITE 300  
NAPLES, FL 34108**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PT MILLER, DARIN M DO 939 JUNIPER CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAAUBOER, JOANNE K 939 JUNIPER CT MARCO ISLAND, FL 34145
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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:** Darin M. Miller **DARIN M. MILLER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 (239) 352-9991  
Date Daytime Phone #