

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90100 028 \*\*\*150.00

<b>DOCUMENT # P05000027891</b> 1. Entity Name DR. MILLIE & ASSOCIATES, O.D., P.A.			
Principal Place of Business 1 KEY CAPRI #609 WEST TREASURE ISLAND, FL 33706		Mailing Address 1 KEY CAPRI #609 WEST TREASURE ISLAND, FL 33706	
2. Principal Place of Business 502 S. FREMONT AVE Suite, Apt. #, etc. 609		3. Mailing Address 502 S. FREMONT AVE Suite, Apt. #, etc. 609	
City & State TAMPA, FL 33606		City & State TAMPA, FLA	
Zip USA		Zip 33606 Country USA	
4. FEI Number 20-2555337		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  MILLIE, ELISE 1 KEY CAPRI #609 WEST TREASURE ISLAND, FL 33706		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 502 S. FREMONT AVE # 609 City TAMPA FL Zip Code 33606	
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 <u>Elise Millie</u> DATE <u>3-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIE, ELISE 1 KEY CAPRI #609 WEST TREASURE ISLAND, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 502 S. FREMONT AVE # 609 TAMPA, FL 33606
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
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 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: <u>Elise Millie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3-7-06</u> Daytime Phone # <u>813-431-7719</u>	