

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


5/1

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-10-2006 90092 002 ***150.00

DOCUMENT # POS 000 133988

1. Entity Name
JUAN MILLER MD PA



Principal Place of Business 1649 ATLANTIC BLVD SUITE 2 JACKSONVILLE, FL 32207 US	Mailing Address 1649 ATLANTIC BLVD SUITE 2 JACKSONVILLE, FL 32207 US
---	---

66018869

DQ NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3479617	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

Juan Miller MD PA
1649 ATLANTIC BLVD.
SUITE 2
JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when amending) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP	MILLER, JUAN MD <i>Owner</i> 1649 ATLANTIC BLVD STE 2 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Practice Administrator</i> Nataliya Visknevska 1649 Atlantic Blvd Ste 2 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**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: *Nataliya Visknevska* / 4/30/06 / 904-398-5868

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #