

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90087 034 ***150.00



DOCUMENT # P05000133988

1. Entity Name
JUAN MILLER M.D., P.A.

Principal Place of Business Mailing Address

1649 ATLANTIC BOULEVARD **1649 ATLANTIC BOULEVARD**
SUITE 2 **SUITE 2**
JACKSONVILLE, FL 32207 US **JACKSONVILLE, FL 32207 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3829 Atlantic Blvd **3829 Atlantic Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville, FL **Jacksonville, FL**

Zip Country Zip Country

32207 **Dural** **32207** **Dural**

01232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-3479617 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, JUAN
1649 ATLANTIC BOULEVARD
SUITE 2
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name **Miller, Juan**

Street Address (P.O. Box Number is Not Acceptable) **3829 Atlantic Blvd**

City **Jacksonville** FL Zip Code **32207**

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 **Juan Miller MD** DATE **1/24/07**

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

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	O	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JUAN	
STREET ADDRESS	1649 ATLANTIC BLVD., SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JUAN	
STREET ADDRESS	1649 ATLANTIC BLVD., SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JUAN	
STREET ADDRESS	1649 ATLANTIC BLVD., SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JUAN	
STREET ADDRESS	1649 ATLANTIC BLVD., SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PA	<input checked="" type="checkbox"/> Delete
NAME	VUSHNEVSKA, NATALIYA	
STREET ADDRESS	1649 ATLANTIC BLVD SUITE 2	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Juan	
STREET ADDRESS	3829 Atlantic Blvd	
CITY-ST-ZIP	Jacksonville FL, 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Practice Administrator	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vyshnevskaya Nataliya	
STREET ADDRESS	3829 Atlantic Blvd	
CITY-ST-ZIP	Jacksonville FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Juan Miller MD** DATE **1/24/07** DAYTIME PHONE # **(904) 398-9869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR