


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 1649 ATLANTIC BOULEVARD SUITE 2 JACKSONVILLE, FL 32207 US			Mailing Address 1649 ATLANTIC BOULEVARD SUITE 2 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box # 3829 Atlantic Blvd Suite, Apt. #, etc.		3. Mailing Address 3829 Atlantic Blvd Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32207		City & State Jacksonville, FL Zip 32207		4. FEI Number 20-3479617	
Country Dural		Country Dural		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Juan Miller MD</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/24/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	O MILLER, JUAN <input checked="" type="checkbox"/> Delete 1649 ATLANTIC BLVD., SUITE 2 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNED Miller, Juan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3829 Atlantic Blvd Jacksonville FL, 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JUAN <input checked="" type="checkbox"/> Delete 1649 ATLANTIC BLVD., SUITE 2 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JUAN <input checked="" type="checkbox"/> Delete 1649 ATLANTIC BLVD., SUITE 2 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JUAN <input checked="" type="checkbox"/> Delete 1649 ATLANTIC BLVD., SUITE 2 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA VUSHNEVSKA, NATALIYA <input checked="" type="checkbox"/> Delete 1649 ATLANTIC BLVD SUITE 2 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Practice Administrator Vushnevskaya Nataliya <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3829 Atlantic Blvd Jacksonville FL 32207	
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>Juan Miller MD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/24/07 (904) 398-9861 Date Daytime Phone #		