

FILED
Feb 20, 2008 8:00 am
Secretary of State

DOCUMENT # P06000101651

Mailing Address
11515 NW 15TH LANE
GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR.
NAME	MILLER, JOE E II, OD
STREET ADDRESS	11515 NW 15 LANE
CITY - ST - ZIP	GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-08 (352) ⁵⁶²33-5202

Date _____

Daytime Phone #