

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000003687

**FILED  
Oct 16, 2012  
Secretary of State**

**Entity Name:** PATRICIA MCMILLAN, M.D., P.A.

**Current Principal Place of Business:**

683 GREENE DR.  
WINTER PARK, FL 32792 22

**New Principal Place of Business:**

**Current Mailing Address:**

683 GREENE DR.  
WINTER PARK, FL 32792 22

**New Mailing Address:**

**FEI Number:** 27-1671156      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCMILLAN, PATRICIA  
683 GREENE DR.  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: PATRICIA MCMILLAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: MCMILLAN, PATRICIA  
Address: 683 GREENE DR.  
City-St-Zip: WINTER PARK, FL 32792 22

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA MCMILLAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

M.D.

10/16/2012

\_\_\_\_\_  
Date