# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2011**
**Secretary of State**

DOCUMENT# P10000066574

**Entity Name:** DAVID M. MILLS, MD, FACS, P.A.

**Current Principal Place of Business:**

1265 AUTUMN BREEZE CIR.
GULF BREEZE, FL 32563

**New Principal Place of Business:**

5101 N. DAVIS HWY
STE. C
PENSACOLA, FL 32503

**Current Mailing Address:**

1265 AUTUMN BREEZE CIR.
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number: 80-0637615** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DR
Name: MILLS, DAVID M
Address: 1265 AUTUMN BREEZE CIR.
City-St-Zip: GULF BREEZE, FL 32563

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: DAVID M. MILLS, MD, FACS PRES 01/12/2011

Electronic Signature of Signing Officer or Director — Date