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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400001970 (0)

DALE E. MILLER, M.D., P.A.

## FILED Mar 11 1997 8:00am Secretary of State

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2. Principal Pla				2a, Mailing				4. FEI Number		1		plied For
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Suite, April#,	, etc			Suite A	pt. #, etc.			5. Certificate of Stat	is Desired		\$8.75	
22				27								equired
	ON & State Ormond Beach, FL			City & State 28 Ormond Beach, FL			6. Election Campaig	-	_	\$5.00	,	
23 Ormona Zip	Beac	Country	‡	28  Ormo Zip	na sea	Coun		Trust Fund Contri	··············		Added	
32174		25 Volus	ia l	29 3217	1	<b>⊢</b> ⊸	lusia	8. This corporation to Florida Statutes		itangible t Yes	-	. 199 032,
A SETIA		and Address of				(30) 40.	rabra	10. Name and Addre				
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	BEACH					)	MILL Street A	LLER, DALE E	MD			
		CH FL 32174						ddress (P.O. Box Number is P <b>idewater Dri</b>	vot acceptadi	e)		
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•						1	Ormo	ond Beach		FL	85 321	Code 74
11. Pursuant to	the provis	ions of Sections (	607.0502 an	nd 607.1508.	Florida Statu	tos, the abo	ove-named o	corporation submits this state oration's board of directors.	ement for the pu	rpose of	changing it	ls registered
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12.4	na at no types			IRF CTORS	DELETE				GES TO OFFIC	ERS AND	DIRECTOR	
12.a	D			IRF CTORS		13.	E	ADDITIONS/CHAN		ERS AND		
12.a 117.f 117.f	D Miller, 1	OFFICE		IRF CTORS		13. 1.1 T/TL 1.2 NAM	E	D MILLER, DALE	E MD	ERS AND		
12 TOTE NAM: STHEET ADDRESS	D Miller, I 335 N. B	OFFICE DALE E MD	ERS AND DI	IRF CTORS		13. 1.1 MIL 1.2 NAA 1.3 STR	E AE	D MILLER, DALE 10 TIDEWATER	E MD	ERS AND	<b>C</b> hange	
12 THE STREET ADDRESS	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRF CTORS		13. 1.1 MIL 1.2 NAA 1.3 STR	E ME EET ADDRESS (-ST-ZIP	D MILLER, DALE	E MD	ERS AND		☐ Addition
12.* 711! NAM: SIREET ADDRESS CITY-SI-20	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRF CTORS	DELETE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/TV	E AE EET ADDRESS (-ST-ZIP E	D MILLER, DALE 10 TIDEWATER	E MD	ERS AND	<b>C</b> hange	☐ Addition
12.a THE NAM: STREET ARCHESS CHY-ST 20 THE	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRF CTORS	DELETE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 CIT 2.1 T/TL 2.2 MAA	E AE EET ADDRESS (-ST-ZIP E	D MILLER, DALE 10 TIDEWATER	E MD	ERS AND	<b>C</b> hange	☐ Addition
12.4 TOTE NAME SIDELLADORESS OUTSTOR	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRI CTORS	DELETE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T/ 2.1 T/TL 2.2 NAA 2.3 STR	E AE EET ADDRESS (-ST-ZIP E	D MILLER, DALE 10 TIDEWATER	E MD	ERS AND	<b>C</b> hange	Addition
12-6 TOTE  NAM: SIREH ADDRESS  ONY: ST. ZR  TITLE  NAM: STREET ZIDRESS	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRI CTORS	DELETE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T/ 2.1 T/TL 2.2 NAA 2.3 STR	E  ME  EET ADDRESS  /- ST- ZIP  E  ME  EET ADDRESS  Y- ST- ZIP	D MILLER, DALE 10 TIDEWATER	E MD	74	<b>C</b> hange	Addition
STREET ADDRESS COLY ST. ACC.	D Miller, I 335 N. B	OFFICE DALE E MD EACH ST.	ERS AND DI	IRI CTORS	DELETE	13. 1.1 T/TL 1.2 NAM 1.3 STR 1.4 CITY 2.1 T/TL 2.2 NAM 2.3 STR 2.4 CIT	E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E	D MILLER, DALE 10 TIDEWATER	E MD	74	Change Change	Addition
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14. I do hearby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information independent on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is no influence 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 12 or Block 13 in hanged, or on an attachment with an address.

SIGNATURE:

NATION AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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