


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000001970 (0)					
1. Corporation Name DALE E. MILLER, M.D., P.A.					
Principal Place of Business 335 N. BEACH ST. ORMOND BEACH FL 32174			Mailing Address 335 N. BEACH ST. ORMOND BEACH FL 32174-5502		
2. Principal Place of Business 21 10 Tidewater Drive Suite Apt. #, etc.		2a. Mailing Address 26 10 Tidewater Drive Suite Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1994	
22 Ormond Beach, FL City & State		27 Ormond Beach, FL City & State		3a. Date of Last Report 04/01/1996	
23 32174 Zip		28 Volusia County		4. FEI Number 59-3215124	
24 32174 Zip		25 Volusia County		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 32174 Zip		27 Volusia County		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 32174 Zip		29 Volusia County		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLER, DALE E MD 335 N. BEACH ST. ORMOND BEACH FL 32174			10. Name and Address of New Registered Agent		
81 Name MILLER, DALE E MD			82 Street Address (P.O. Box Number is Not Acceptable) 10 Tidewater Drive		
83			84 City Ormond Beach		
85 Zip Code FL 32174					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE D					
1.2 NAME MILLER, DALE E MD					
1.3 STREET ADDRESS 335 N. BEACH ST.					
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
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5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME MILLER, DALE E MD					
1.3 STREET ADDRESS 10 TIDEWATER DRIVE					
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
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5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale E. Miller President, 1/30/97 904-676-2009

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