FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000068912 (2)

1. Corporation Name

WILLIAM MILLER, D.C., P.A.

Principal Place of Business	Mailing Address
23057 STATE ROAD 7 BOCA RATON FL 33428	23057 STATE ROAD 7 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0526232 ☐ Applied For ☐ Not Applicable

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

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

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, WILLIAM
23057 STATE ROAD 7
N
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150(4) 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 (Signature of New Registered Agent, if changing) (Signature of Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MILLER, WILLIAM	1 NAME	
STREET ADDRESS	23057 STATE ROAD 7	1 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33428	1 CITY ST ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY ST ZIP		2 CITY ST ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Miller D.C. 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

0255667 CP