

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000059029

Entity Name: MILLAR MEDICAL, INC.

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

7419 15TH AVE. N.W.  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14097  
BRADENTON, FL 342804097

**New Mailing Address:**

FEI Number: 65-0608038

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MILLAR, MATT  
7419 15TH AVE. NW  
BRADENTON, FL 34209 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MILLAR, MATT  
Address: 7419 15TH AVE. NW  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: MILLAR, DEANA  
Address: 7419 15TH AVE. NW  
City-St-Zip: BRADENTON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEANA MILLAR

D

04/16/2009

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

\_\_\_\_\_  
Date