

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000071255**

1. Entity Name

ROBERT JEFFREY MILLER, D.D.S., PA



Principal Place of Business

SOUTH COUNTY PROFESSIONAL CENTRE  
16244 S. MILITARY TRAIL, STE. 260  
DELRAY BEACH, FL 33484-6504

Mailing Address

SOUTH COUNTY PROFESSIONAL CENTRE  
16244 S. MILITARY TRAIL, STE. 260  
DELRAY BEACH, FL 33484-6504



01202005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0635814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT J D.D.S.  
SOUTH COUNTY PROFESSIONAL CENTRE  
16244 S. MILITARY TRAIL, STE. 260  
DELRAY BEACH, FL 33484-6504

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, ROBERT J DDS
STREET ADDRESS	16244 S. MILITARY TRAIL #260
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	S
NAME	MILLER, ANDREA R
STREET ADDRESS	16244 S. MILITARY TRAIL #260
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000203383  
01/29/05-80028-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05 561-499-5665