

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000071255

1. Entity Name
ROBERT JEFFREY MILLER, D.D.S., PA



FILED
Jul 10, 2008 08:00 AM
Secretary of State

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



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0635814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000953894
07/10/08-80001-022 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Robert J. Miller
ANDREA R. MILLER

7-7-08

Date

(561) 499-5665

Daytime Phone #