

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096069

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WILLIAM H. MILLER, D.M.D., P.A.

**Current Principal Place of Business:**

829 EAST OAK STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

829 EAST OAK STREET  
SUITE A  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 59-3348925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILLER, WILLIAM H  
829 E OAK ST  
SUITE A  
KISSIMMEE, FL 34744 US

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

MILLER, WILLIAM H  
829 EAST OAK STREET  
SUITE A  
KISSIMMEE, FL 34744 US

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: WILLIAM H MILLER      03/24/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MILLER, WILLIAM H  
Address: 829 EAST OAK STREET, SUITE A  
City-St-Zip: KISSIMMEE, FL 34744

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

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

Title: PST      ( ) Delete  
Name: MILLER, WILLIAM H  
Address: 829 E. OAK ST., SUITE A  
City-St-Zip: KISSIMMEE, FL 34744

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: WILLIAM H. MILLER      D      03/24/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date