2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

742 HAWKSBILL ISLAND DR

P96000000440 DOCUMENT

1. Entity Name

1101 W HIBIRUS

Principal Place of Business

JAMÉS A. MILLER, JR., M.D., P.A.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90174 026 ***150.00

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MELBOURNE US	FL 32901		SATE	SATELLITE BEACH FL 32937								
2. Principal F		ini scus	3. Mai	3. Mailing Address						(. 012) 80 114 8 0		6 (8 () FB() (8 2)
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. F		El Number 59-3351963	74-447 IUN 4		plied For of Applicable
Zip Country				Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	ent Registere	ed Agent		7. Name and Address of New Registered Agent								
MILLER, JAMES A JR					- :==	Name						
742 HAWKSBILL ISLAND DR							Street Address (P.O. Box Number is Not Acceptable)					
	E BEACH F								* ************************************			
						City				EL Z	ip Cod	e
8. The above	named entity	y submits this stateme	nt for the purp	ose of changing its	registere	ed office or i	registere	d age	ent, or both, in the State of Florida. I	am familia	r with,	and accept
the obligations of registered agent.												
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if app	slicable. (NOTE	Registered	d Agent signatur	e required v	vhen reir	nstating) DA	TE		
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer						Election Campaign Financing Trust Fund Contribution.		\$5.0 Added	0 May Be to Fees	
10.		OFFICERS A	ND DIRECTO						DITIONS/CHANGES TO OFFICERS	AND DIDE	OTOD	` IA I + +
TITLE NAME STREET ADDRESS CITY-ST-ZIP	742 HAWI	AMES A JR (SBILL ISLAND DR E BEACH FL 32937	WAD DIVIDED TO	☐ Delete	TITLE NAME STREE	ET ADDRESS		ADI	THOMS/CHANGES TO OFFICERS	C		Addition
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP	170			□ Delete		T ADDRESS ST-ZIP				□ Cr	nange	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: