


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000072111 1. Entity Name LAURENCE MILLER, PH.D., P.A.	
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Principal Place of Business 399 W CAMINO GARDENS BLVD STE 101 BOCA RATON, FL 33432 US	Mailing Address 399 W CAMINO GARDENS BLVD STE 101 BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

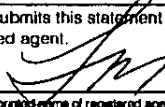
4. FEI Number 65-0745645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, LAURENCE
399 W CAMINO GARDENS BLVD
SUITE 101
BOCA RATON, FL 33432

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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:  DATE: 4/1/08

(NOTE: Registered Agent signature required when reinstating.)

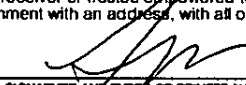
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000879989 04/15/08-80041-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT MILLER, LAURENCE 399 W CAMINO GARDENS BLVD #101 BOCA RATON, FL 33432
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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:  DATE: 4/1/08 DAYTIME PHONE: 561-392-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR