2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073042

1. Entity Name

DANIEL L. MILLER, M.D., P.A.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90232 049 ***150.00

Principal Place of Business	Mailing Address
826 CEDAR ST JACKSONVILLE FL 32207 US	826 CEDAR ST JACKSONVILLE FL 31522-5451 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
167 RICE MILL	167 RICE MILL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. SIMONS ISLAND, GA	City & State: ST. SIMONS ISLAND, GA
Zip: 31522 - Country: USA	Zip: 31522 Country: USA

4. FEI Number 59-3401571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DANIEL L
826 CEDAR ST
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name [illegible]

Street Address (P.O. Box Number is Not Acceptable)

4446-1A HENDRICKS AVE #104

City JACKSONVILLE FL Zip Code 32207

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.

SIGNATURE [signature] 4/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, DANIEL L	NAME	
STREET ADDRESS	~~826 CEDAR ST~~ 167 RICE MILL	STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~ ST. SIMONS ISLAND, GA	CITY-ST-ZIP	31522
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

DANIAL MILLER, MD

SIGNATURE: [signature] 4/15/00 (912)634-4823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #