


COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90007 006 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000068189**
Corporation Name
ARTHUR E.MILLER, D.D.S., P.A.

Principal Place of Business
**2225 ULMERTON RD. STE 7-D
ARGO FL 33771**

Mailing Address
**10225 ULMERTON RD. STE 7-D
LARGO FL 33771**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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3. Date Incorporated or Qualified
08/07/1997

4. FEI Number
59-3461230

5. Certificate of Status Desired ☐ **\$8-75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MILLER, ARTHUR E
10225 ULMERTON RD, STE 7-D
LARGO FL 33771**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

1. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D MILLER, ARTHUR E 10225 ULMERTON RD, STE 7-D LARGO FL 33771 <input type="checkbox"/> DELETE		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME <input type="checkbox"/> DELETE		13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS <input type="checkbox"/> DELETE		13.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME <input type="checkbox"/> DELETE		13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 STREET ADDRESS <input type="checkbox"/> DELETE		13.6 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.7 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 NAME <input type="checkbox"/> DELETE		13.8 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 STREET ADDRESS <input type="checkbox"/> DELETE		13.9 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.10 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur E. Miller* **7/11/99** 727 586 4804

CR2E034 (5/99)