

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000002938

**Entity Name:** H. BARRY MILLER M.D., P.A.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3363 SHERIDAN ST, SUITE 210  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3363 SHERIDAN ST, SUITE 210  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-0812810      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

MILLER, HOWARD B  
2802 N46 AVE  
B515  
HOLLYWOOD, FL 33021 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution (  ).**

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: MILLER, H. BARRY  
Address: 2802 N 46 AVE B515  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: H. BARRY MILLER

DR.

02/18/2010

Electronic Signature of Signing Officer or Director

Date