

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90125 019 ***150.00

DOCUMENT # R9800003749	
1. Entity Name Richard L. Miller DVM PA	

DO NOT WRITE IN THIS SPACE

60012861

2. Principal Place of Business 5700 SW 130 Avenue State, Apt. #, etc.		3. Mailing Address 5700 SW 130 Avenue State, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33330	Country USA	Zip 33330	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0833318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

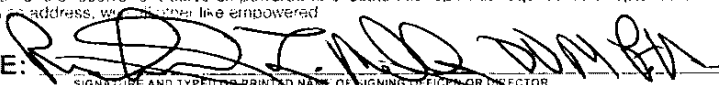
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dr. Richard Miller 5700 SW 130 Avenue Fort Lauderdale, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, which I am so empowered.

SIGNATURE:  **1/26/07 954 4318599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pay here *

(954) 446-3445

CR2E034B (12/02)