

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00570

FILED
May 08, 2009
Secretary of State

Entity Name: FRED MILEY, M.D., P.A.

Current Principal Place of Business:

2100 SE 17 ST
203
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2078
OCALA, FL 344782078 US

New Mailing Address:

FEI Number: 59-3036187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILEY, FRED
2100 SE 17 ST
203
OCALA, FL 34471 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILEY, FRED
Address: 2100 SE 17 ST
City-St-Zip: OCALA, FL 34471 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILEY, FRED
Address: 2100 SE 17 ST, #203
City-St-Zip: OCALA, FL 34471 US

Title: VP () Change (X) Addition
Name: MILEY, JUDITH
Address: 2100 SE 17 ST, #203
City-St-Zip: OCALA, FL 34471 US

Title: S/T () Change (X) Addition
Name: MILEY, PATRICK
Address: 76 RAINTREE DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED MILEY, MD

P

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date