FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20879** **(0)**

1. Corporation Name

ROBERT B. MILLER, D.V.M. P.A.

Principal Place of Business	Mailing Address
5100 DOUG TAYLOR CR. NW ST. JAMES CITY FL 33956	5100 DOUG TAYLOR CR. NW ST. JAMES CITY FL 33956

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

3. Date Incorporated or Qualified: **12/21/1990**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0254688** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, ROBERT B., D.V.M.
5100 DOUG TAYLOR CR. NW
ST. JAMES CITY FL 33956

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The undersigned, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT B., D.V.M		1. NAME	
STREET ADDRESS	5100 DOUG TAYLOR CR. NW		1. STREET ADDRESS	
CITY-ST-ZIP	ST. JAMES CITY FL		1. CITY-ST-ZIP	
TITLE		☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME			2. NAME	
STREET ADDRESS			2. STREET ADDRESS	
CITY-ST-ZIP			2. CITY-ST-ZIP	
TITLE		☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME			3. NAME	
STREET ADDRESS			3. STREET ADDRESS	
CITY-ST-ZIP			3. CITY-ST-ZIP	
TITLE		☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME			4. NAME	
STREET ADDRESS			4. STREET ADDRESS	
CITY-ST-ZIP			4. CITY-ST-ZIP	
TITLE		☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME			5. NAME	
STREET ADDRESS			5. STREET ADDRESS	
CITY-ST-ZIP			5. CITY-ST-ZIP	
TITLE		☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME			6. NAME	
STREET ADDRESS			6. STREET ADDRESS	
CITY-ST-ZIP			6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete, and that such information is in compliance with Section 119.07(5)(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: Robert B. Miller DVM PA Robert B. Miller DVM PA 4/9/96 941-283 1244

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

CR2E034 (12/95)