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FILED

May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S68487** (5)  
1. Corporation Name  
**S.B. MCMILLAN, M.S., C.C.C. & ASSOCIATES, P.A.**



Principal Place of Business  
**800 EAST BROWARD BLVD.  
SUITE 103  
FORT LAUDERDALE FL 33301**

Mailing Address  
**800 EAST BROWARD BLVD.  
SUITE 103  
FORT LAUDERDALE FL 33301-2020**

2. Principal Place of Business  
21 **15 N.E. 4 STREET**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **15 N.E. 4 STREET**  
Suite, Apt. #, etc.

22 **—**  
City & State  
23 **FT. LAUDERDALE, FL**

27 **—**  
City & State  
28 **FT. LAUDERDALE, FL**

24 **33301** Zip Country  
25 **USA**

29 **33301** Zip Country  
30 **—**

3. Date Incorporated or Qualified  
**07/24/1991**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**65-0284583**

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

**EVANS, CHRIS  
SUITE 103  
800 E. BROWARD BLVD.  
TALLAHASSEE FL 33301**

10. Name and Address of New Registered Agent

81 Name **SUSAN B. MCMILLAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15 N.E. 4 STREET**  
83 **—**  
84 City **FT. LAUDERDALE** FL 85 Zip Code  
**33301**

11. Pursuant to the provisions of Section 607.0505 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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**SUSAN B. MCMILLAN, Pres.**

**4/28/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MCMILLAN, SUSAN B.**  
STREET ADDRESS **800 EAST BROWARD BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 *[Signature]*

CR2E034 (9/96)