

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 549830

**Entity Name:** ADOLFO N. MILLAN, M.D., P.A.

**Current Principal Place of Business:**

13005 SOUTHERN BLVD, BLDG 2  
SUITE 212  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

13005 SOUTHERN BLVD, BLDG 2  
SUITE 212  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 59-1783894

**Certificate of Status Desired:** No

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

MILLAN, ADOLFO  
13005 SOUTHERN BLVD, BLDG 2  
SUITE 212  
LOXAHATCHEE, FL 33470 US

*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

**Officer/Director Detail :**

Title PD  
Name MILLAN, ADOLFO N., M.D.  
Address 13005 SOUTHERN BLVD, BLDG 2  
SUITE 212  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** DR ADOLFO N MILLAN

**PRESIDENT**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date