

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000038336

**Entity Name:** PREMIER MILLER ORTHOPEDIC CENTERS, INC.

**Current Principal Place of Business:**

2904 W. COLUMBUS DRIVE  
TAMPA, FL 33607

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC6361418471**

**Current Mailing Address:**

3813 GULF BLVD.  
304  
ST, PETE BEACH, FL 33706 US

**FEI Number: 90-0148327**

**Certificate of Status Desired: No**

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

MILLER, JOHN D  
3813 GULF BLVD.  
304  
ST. PETE BEACH, FL 33706 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 P/D  
Name MILLER, JOHN D  
Address 3813 GULF BLVD..  
304  
City-State-Zip: ST. PETE BEACH FL 33706  
  
Title SECRETARY, DIRECTOR  
Name MILLER, JOHN D  
Address 3813 GULF BLVD.  
304  
City-State-Zip: ST. PETE BEACH FL 33706

Title VPD  
Name MILLER, JOHN B  
Address 25306 OAKS BLVD  
City-State-Zip: LAND O LAKES FL 34639  
  
Title TREASURER, DIRECTOR  
Name MILLER, JOHN D  
Address 3813 GULF BLVD.  
304  
City-State-Zip: ST. PETE BEACH FL 33706

*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: JOHN D. MILLER**

**PRESIDENT**

**02/05/2018**

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

\_\_\_\_\_  
Date