

**2014 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

**Current Mailing Address:**

1109 TERRA MAR DRIVE  
TAMPA, FL 33613 US

**FEI Number: 90-0148327**

**Certificate of Status Desired: No**

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

MILLER, JOHN D  
1109 TERRA MAR DRIVE  
TAMPA, FL 33613 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	Title	VPD
Name	MILLER, JOHN D	Name	MILLER, JOHN B
Address	1109 TERRA MAR DR	Address	25306 OAKS BLVD
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	LAND O LAKES FL 34639
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR
Name	MILLER, SHERRY A	Name	MILLER, PATRICIA L
Address	25306 OAKS BLVD	Address	1109 TERRA MAR DRIVE
City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	TAMPA FL 33613

*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: SHERRY A MILLER**

**SECRETARY/DIRECTOR**

**01/14/2014**

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

\_\_\_\_\_  
Date