

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000038336

**FILED  
Jan 29, 2013  
Secretary of State  
CC1150563163**

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

**Current Principal Place of Business:**

25306 OAKS BLVD  
LAND O LAKES, FL 34639

**Current Mailing Address:**

25306 OAKS BLVD  
LAND O LAKES, FL 34639

**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  
Name MILLER, JOHN D  
Address 1109 TERRA MAR DR  
City-State-Zip: TAMPA FL 33613

Title VPD  
Name MILLER, JOHN B  
Address 25306 OAKS BLVD  
City-State-Zip: LAND O LAKES FL 34639

Title STD  
Name MILLER, SHERRY A  
Address 25306 OAKS BLVD  
City-State-Zip: LAND O LAKES FL 34639

*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**

**STD**

**01/29/2013**

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

\_\_\_\_\_  
Date