

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003687

**Entity Name:** PATRICIA MCMILLAN, M.D., P.A.

**Current Principal Place of Business:**

683 GREENE DR.  
WINTER PARK, FL 32792

**Current Mailing Address:**

683 GREENE DR.  
WINTER PARK, FL 32792 22

**FEI Number:** 27-1671156

**Certificate of Status Desired:** Yes

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

MCMILLAN, PATRICIA  
683 GREENE DR.  
WINTER PARK, FL 32792 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 DR.  
Name MCMILLAN, PATRICIA  
Address 683 GREENE DR.  
City-State-Zip: WINTER PARK FL 32792

*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:** PATRICIA MCMILLAN

**PRESIDENT**

**03/27/2017**

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

\_\_\_\_\_  
Date