

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000245689

**Entity Name:** DAN MILLER FAMILY MEDICINE, LLC

**Current Principal Place of Business:**

1363 NW SPRUCE RIDGE DR.  
STUART, FL 34994

**Current Mailing Address:**

1363 NW SPRUCE RIDGE DR.  
STUART, FL 34994

**FEI Number:** 83-2305054

**Certificate of Status Desired:** No

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

MILLER, DAN A  
1363 NW SPRUCE RIDGE DR.  
STUART, FL 34994 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

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER  
Name            MILLER, AMY MARIE  
Address        1363 NW SPRUCE RIDGE DR.  
City-State-Zip: STUART FL 34994

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY MILLER

**MANAGER**

**01/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date