

Jul. 6. 2006 9:32AM

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90025 048 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H99544 1. Entity Name HENRY E. MILES, O.D., P.A.			
Principal Place of Business 4255 US1 SOUTH SUITE 2 ST AUGUSTINE, FL 32086 US		Mailing Address 4255 US1 SOUTH SUITE 2 ST AUGUSTINE, FL 32086 US	
2. Principal Place of Business 25 Deltona Blvd. Suite Apt. # etc Suite 1 City & State St. Augustine, FL Zip 32086 Country St. Johns		3. Mailing Address 25 Deltona Blvd. Suite Apt. # etc Suite 1 City & State St. Augustine, FL Zip 32086 Country St. Johns	
4. FEI Number 59-2630204		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, HENRY E. 4255 US1 SOUTH SUITE 2 ST AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name Miles, Henry E. Street Address (P.O. Box Number is Not Acceptable) 25 Deltona Blvd Suite 1 City St. Augustine FL Zip Code 32086	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when relocating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILES, HENRY E. 4255 US1 SOUTH, SUITE 2 ST AUGUSTINE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILES, HENRY E. 25 DELTONA BLVD, SUITE 1 ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ 904-797-5760 Office Phone: _____	