

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077537

Entity Name: VALERIE H. MILES, MD. P.A.

Current Principal Place of Business:

5758 TANGLEWOOD LN
JACKSONVILLE, FL 32211

Current Mailing Address:

5758 TANGLEWOOD LN
JACKSONVILLE, FL 32211

FEI Number: 59-3661585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILES, VALERIE HMD
5758 TANGLEWOOD LANE
JACKSONVILLE, FL 32211 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 MILES, VALERIE
Address 5758 TANGLEWOOD LANE
City-State-Zip: JACKSONVILLE FL 32211

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: VALERIE H. MILES, M.D.

OWNER

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date