FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:53

DOCUMENT # **601970** **(7)**

1. Corporation Name
MILES AND SMITH, M.D.'S, P.A.

Principal Place of Business	Mailing Address
2406 E PLAZA DR TALLAHASSEE FL 32308-5301	2406 E PLAZA DR TALLAHASSEE FL 32308-5301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1970**
3a. Date of Last Report: **02/17/1994**

2. Principal Place of Business (21) / Suite, Apt. # (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. # (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-1285246** — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] — **$5.00** May Be Added to Fees

8. Does corporation owe any back taxes under s. 220.03, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SMITH, THOMAS W.
2406 E. PLAZA DRIVE
TALLAHASSEE FL

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Appointed registered agent and title if applicable) (New Registered Agent's signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS (Add/Change/Delete)
TITLE	ST	
NAME	BERTELS, SHELLEY W.	
STREET ADDRESS	2406 E PLAZA DR	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VPD	
NAME	SMITH, THOMAS W	
STREET ADDRESS	2406 E PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	PD	
NAME	MILES, DAVID D	
STREET ADDRESS	2406 E PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Shelley W Bertels — 1/16/95 — (904) 877-5191
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS (Date) (Area Code and Daytime Telephone Number)

0027367 CF