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	Mailing Address
4255 US1 SOUTH SUITE 2 ST AUGUSTINE, FL 32086 US	4255 US1 SOUTH SUITE 2 ST AUGUSTINE, FL 32086 US

50021903

2. Principal Place of Business	3. Mailing Address
25 Deltona Blvd	25 Deltona Blvd.
Suite Apt. # etc: Suite 1	Suite Apt # etc: Suite 1
City & State: ST. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: St. Johns	Zip: 32086 Country: St. Johns

07062006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-2630204 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, HENRY E.
4225 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	☐ Delete	DP MILES, HENRY E 25 DELTONA BLVD, SUITE 1 ST. Augustine, FL 32086	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 904-797-5760 Daytime Phone #