

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 039 ***150.00

DOCUMENT # P00000077537					
1. Entity Name VALERIE H. MILES, MD. P.A.					
Principal Place of Business 4311 SALISBURY ROAD NORTH JACKSONVILLE, FL 32216			Mailing Address 4311 SALISBURY ROAD NORTH JACKSONVILLE, FL 32216		
2. Principal Place of Business 5758 TANGLEWOOD LANE Suite, Apt. #, etc.		3. Mailing Address 5758 TANGLEWOOD LANE Suite, Apt. #, etc.			
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		4. FEI Number 59-3661585	
Zip 32211		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, VALERIE H MD 5758 TANGLEWOOD LANE JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u><i>Valerie H. Miles</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/3/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR <input type="checkbox"/> Delete MILES, VALERIE 5758 TANGLEWOOD LANE JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Valerie H. Miles</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/3/06</u> Daytime Phone #: <u>904-338-0434</u>		