

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000093564		
1. Entity Name D.S. MILES, D.P.M., P.A.		
Principal Place of Business 320 ZEAGLER DRIVE STE B PALATKA, FL 32177 US		Mailing Address 148 CEDAR RIDGE CIR. ST. AUGUSTINE, FL 32080
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILES, DAWN S 148 CEDAR RIDGE CIR. ST. AUGUSTINE, FL 32080		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILES, DAWN S 148 CEDAR RIDGE CIR. ST. AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILES, LORIN 148 CEDAR RIDGE CIRCLE ST AUGUSTINE, FL 32080	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Dawn S Miles</u> <u>Dawn S Miles</u>		3/17/06 ✓ 3863207228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #