

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000093564

1. Entity Name
D.S. MILES, D.P.M., P.A.



FILED
Mar 21, 2008 08:00 A
Secretary of State

Principal Place of Business

320 ZEAGLER DRIVE
STE B
PALATKA, FL 32177 US

Mailing Address

148 CEDAR RIDGE CIR.
ST. AUGUSTINE, FL 32080



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3675191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
MILES, DAWN S
148 CEDAR RIDGE CIR.
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPD
MILES, LORIN
148 CEDAR RIDGE CIRCLE
ST AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U000000365808
04/08/08-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Dawn S Miles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 *3863287228*
Date Daytime Phone #