

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary, State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007239 (3)

1. Corporation Name

WILLIAM F. MILES, O.D., P.A.

Principal Place of Business

204 STATE ROAD 312
ST. AUGUSTINE FL 32086

Mailing Address

204 STATE ROAD 312
ST. AUGUSTINE FL 32086



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MILES, WILLIAM F
204 STATE ROAD 312
ST. AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

*11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-adding)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE: President
NAME: William Frederick Miles
STREET ADDRESS: 204 State Road 312
CITY-ST-ZIP: St. Augustine FL 32086

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Fred Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96

Date

Date, Year, Month

CR2E034 (12/95)