FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500007239 (3)

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

Principal Place of Business

Mailing Address

FILED Mar 13 1997 8:00am Secretary of State



204 STATE ROAD 312 8T. AUGUSTINE FL 32086			204 STATE ROAD 312 ST. AUGUSTINE FL 32086-4241					
					3. Date Incorporated or Qualified 01/25/1995	3a. Date of Last 03/29/1996		
2. Principal Pi	ace of Business	2a. Mailing Addre	SS		4. FEI Number		Applied For	
21		26			59-3295792	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #,	Suite, Ant. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent								
	S, WILLIAM F		81 Name				}	
	STATE ROAD 312			82 Street Add	lress (P.O. Box Number is Not Acceptable	e)		
ST. 1	AUGUSTINE FL 32086			83				
				84 City		FL 85 Zip	Code	
office or r	to the provisions of Sections 607.00 egistered agent, or both, in the Sta m familiar with, and accept the obt	to of Florida. Such chanc	io was authorize	id by the cornora	poration submits this statement for the pation's board of directors. I hereby accep	roose of changing	its registered is registered	
SIGNATURE						,		
	Signature, typed or printed name of registered a			id Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIDECTO	NO 11 10	
12.	P OFFICERS A	ND DIRECTORS	13.	an c	ADDITIONS/CHANGES TO OFFIC	Change		
TITLE	WILLIAM FREDERICK MILES	L) VC				briange	, CT Vantian I	
NAME	204 STATE RD 312		1.2 N	TREET ADDRESS				
STREET ADDRESS	ST. AUGUSTINE FL 32086				•			
CITY-ST-ZIP	OI. AUGUSTINE TE OZUUD	□ DE		HTY-\$1-ZIP		Change	Addition	
TITLE NAME			2.2 N					
				TREET ADDRESS	•		ļ	
STREET ADDRESS				DITY-ST-ZIP				
CITY-ST-ZIP TITLE		DE DE				☐ Change	Addition	
NAME				IAME				
STREET ADDRESS				TRELI ADDRESS				
CITY-ST-ZIP				CITY-S1-ZIP				
TITLE		DE				☐ Change	Addition	
NAME			4.2	NAME				
STREET ADDRESS			4.3 9	PAREET ADDRESS				
CITY-ST-ZIP				XIY-SI-ZIP				
TITLE		JD DE				☐ Change	Addition	
NAME			5.2 M	IAME				
STREET ADDRESS			5.3 9	STREET ADDRESS	•			
CITY-ST-ZIP			5.4 0	DITY-ST-ZIP				
TITLE		DE				Change	Addition	
NAME			6.21	NAME				
STREET ADDRESS			6.3 9	STREET ADDRESS				
CITY-ST-ZIP			6.4 (CITY-ST-ZIP				
	by certify that the information supp	fied with this filing does t			ed in Section 119.07(3)(i), Florida Statutes	s. I further certify th	at the	

I not necessary that the information supplied with this annual report is frue 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.

William Frederick Miles ATUBE V 11), DOL