

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90002 047 ***150.00

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1. Corporation Name

DAWN SHEPHERD MILES, D.P.M., P.A.

Principal Place of Business

530 ZEAGLER DRIVE SUITE B
PALATKA FL 32177

Mailing Address

530 ZEAGLER DRIVE SUITE B
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

59-3506617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MILES, DAWN SHEPHERD D.P.M.
227 BOULEVARD DES PINS
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name DAWN S. MILES, D.P.M.

82 Street Address (P.O. Box Number is Not Acceptable)
148 CEDAR RIDGE CIRCLE

83

84 City ST AUGUSTINE

FL 85 Zip Code 32084

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MILES, DAWN SHEPHERD
STREET ADDRESS 227 BOULEVARD DES PINS
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☒ Change ☐ Addition
1.2 NAME DAWN S MILES
1.3 STREET ADDRESS 148 CEDAR RIDGE CIRCLE
1.4 CITY-ST-ZIP ST AUGUSTINE, FL 32084

2.1 TITLE VP S T D ☐ Change ☒ Addition
2.2 NAME HOLLY A SHEETS
2.3 STREET ADDRESS 4729 INNISBROOK CT NORTH
2.4 CITY-ST-ZIP ELKTON, FL 32033

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HOLLY SHEETS 3/31/99

(904) 328-7228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)