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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **S27644**

1. Corporation Name

CHARLES S. MILES, O.D., P.A.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90077 023 \*\*\*150.00



CGS US 1 SOUTH STE 2 ST AUGUSTINE FL 32088 SUIP, Apt. F, etc.  ZI City & State ZI City & State ZI ZI City & State ZI ZI Country ZI ZI Country ZI ZI Country ZI ZI ZI Country ZI ZI Country ZI ZI ZI Country ZI ZI ZI Country ZI ZI ZI ZI Country ZI ZI ZI Country ZI ZI ZI ZI Country ZI								,,, 6:6:, 6:6:	
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ST AUGUSTINE FL 2088  US  US  3. Date Incorporated or Qualified 01/25/1991  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 01/25/1991  3. Country 3. Country 3. Country 3. Country 3. This comporation were the current year intamplete 4. Fill Number 3. Name and Address of Current Registered Agent  4. Fill Number 5. Certificate of Status Desired Status Desired Country 4. Address of Current Registered Agent 3. Name and Address of Current Registered Agent  4. Fill Number 5. Certificate of Status Desired Status Desired Current year intamplete 9. Name and Address of Current Registered Agent  4. Fill Number 9. Name and Address of Current Registered Agent  5. Certificate of Status Desired Agent 4. Fill Number 9. Name and Address of Current Registered Agent 5. Certificate Of Status Desired Of Status		SOUTH							
2. Date Incorporation of Cutterform Countries   2. Mailing Address   4. FEI Number   3. Date Incorporation of Cutterform   3. Date Incorporation   3. Date Incorporation of Cutterform   3. Date Incorporation						DO NOT WRIT	E IN THIS S	SPACE	
2			•						
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Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fee Required   Sp. 00 May Englished	o Drin-i-	al Place of Pusiness	a- Mailing Address					Δ.	pplied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	_	al Place of Business	├ <del></del> -						lot Applicable
S. Certificate of Status Desired   Fee Required City & State   Status Desired   Fee Required City & State   Status Desired   St. Ol May St. O		Ant # ota				33 3030201			
City & State	_	Apr. #, etc.	— — · · ·			5. Certifcate of Status Desired		•	
Zip		State		· · · · ·	·	a Floation Compaign Financing		\$5.00	May Bo
Zip   Country   Zip   Country   Zip   Country   8. This corporation was the current year intangible   Personal Property Tax		State-	<b>⊢</b> , ′						
28   30   Personal Property Tax.   Yes   Note   N		Country		Country			ent vear inta		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  MILES, CHARLES S. 4255 US 1 SOUTH STE 2 ST AUGUSTINE FL 32086  11. Purplaint to the provisions of Sections 607 0502 and 607 1508, Bonds Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 an familiar with, and accept the obligations of, Section 67,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  MILES, CHARLES S.  11. Purplaint to the provisions of Sections 607 0505, Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent an familiar with, and accept the obligations of, Section 67,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  MILES, CHARLES S.  11. ITILE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STANGE STATUS			<del></del>		•	= -			□No
MILES, CHARLES S. 4255 US 1 SOUTH STE 2 ST AUGUSTINE FL 32086  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 registar office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named origination agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, as authorized by the corporation's bower-named origination agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, typed or privide name of registered laper and title if applicable.   (NOTE Registered Agent signature inquired when remissing)   DATE	24 {			30					-=-
MILES, CHARLES S. 4255 US 1 SOUTH STE 2 ST AUGUSTINE FL 32086  44 City FL 85 Zip Code  44 City FL 85 Zip Code  44 City FL 85 Zip Code  45 City FL 85 Zip Code  46 City FL 85 Zip Code  47 City FL 85 Zip Code  48 City FL 85 Zip Code  48 City FL 85 Zip Code  48 City FL 85 Zip Code  49 City FL 85 Zip Code  40 City FL 85 Zip Code  40 City FL 85 Zip Code  41. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its regist code.  40 City FL 85 Zip Code  41. Pursuant to the provisions of Sections 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its regist code.  42 City FL 85 Zip Code  43 City FL 85 Zip Code  44 City FL 85 Zip Code  44 City FL 85 Zip Code  45 Zip Signature florids Statutes.  45 Zip Signature florids Statutes.  46 City FL 85 Zip Code  47 Zip Signature florids Statutes.  48 City FL 85 Zip Code  49 Zip Signature florids Statutes.  40 Zip Signature florids Statutes.  41 City FL 85 Zip Code  42 Zip Signature florids Statutes.  42 Zip Signature florids Statutes.  43 Zip Signature florids Statutes.  44 City FL 85 Zip Code  45 Zip Signature florids Statutes.  46 Zip Signature florids Statutes.  47 Zip Signature florids Statutes.  48 Zip Signature florids Statutes.  49 Zip Signature florids Statutes.  40 Zip Signature florids Statutes.  40 Zip Signatu		g. Name and Address or C	Surrent Registered Agent	81	Name	10. Name and / tables of them			
4255 US 1 SOUTH STE 2 ST AUGUSTINE FL 32086  48	1	ALLES CHARLES S		"	1101116				4.00
STE 2 ST AUGUSTINE FL 32086  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 regist 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 registere agent, and accept the objection of 7.6505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  MILES, CHARLES S.  12 PAME  MILES, CHARLES S.  14 I CREEK SIDE DR  13 SIREETADORESS  14 I CREEK SIDE DR  13 SIREETADORESS  14 I CREEK SIDE DR  14 CREEK SIDE DR  15 SIREET ADORESS  16 CITY.ST.2P  TITLE  DELETE  DELETE  DELETE  DELETE  DELETE  17 TITLE  DELETE  18 TITLE  DELETE  18 TITLE  DELETE  18 TITLE  DELETE  19 Change  Change  Change  Change  Change  Change  Change  Change  CHANGE  STREET ADORESS  CITY.ST.2P  TITLE  DELETE  STRING  STREET ADORESS  STREET ADOR				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
ST AUGUSTINE FL 32086  44 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 regist 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 registere agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and time if explication  (NOTE Registered Agent algorithms inhorted when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME  MILES, CHARLES S.  11. TIME  MILES, CHARLES S.  13. SIREET ADDRESS  CITY-ST-ZIP  TIME  DELETE  14. CITY-ST-ZIP  TIME  DELETE  22. TIME  22. NAME  33. SIREET ADDRESS  CITY-ST-ZIP  TIME  DELETE  4. TIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				L					
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 regist 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, and provided in the purpose of changing its regist of statutes.  SIGNATURE   Si				83					
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 regist 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 are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent are title if applicable.  NOTE Registered Agent algorithe incomed when reinstitifie)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS 141.0TECK SIDE DR  STREET ADDRESS  CITY-ST-ZP  STREET ADDRESS  CITY-ST-ZP  ITTLE  DELETE  21 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  41 TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  41 TITLE  NAME  42 NAME  43 STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  51 TITLE  Change  Change  Change  Change  Change  Change  Change  Change  STREET ADDRESS	•	ST AUGUSTINE FL 32086		84	City	·		85 Zip	Code
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's poard of directors. File they accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or portated name of registered agent and tible if applicable. (NOTE: Registered Agent algorithms required when reinstative).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MANE  MILES, CHARLES S. STREET ADDRESS  CITY-ST-ZP  TITLE  MAKE  14. CITY-ST-ZIP  TITLE  MAKE  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21. TITLE  22. VAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  33. TITLE  24. CITY-ST-ZIP  TITLE  DELETE  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  44. TITLE  4. STREET  ADMRE  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  ADMRE  33. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  51. TITLE  Change  CHANGESS  CITY-ST-ZIP  TITLE  DELETE  51. TITLE  52. NAME  53. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  53. TITLE  54. CITY-ST-ZIP  TITLE  DELETE  54. CITY-ST-ZIP  TITLE  DELETE  55. TITLE  S1. TITLE  Change  Change					'				
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TITLE   P   DELETE   1.1 TITLE   Change   MILES, CHARLES S.   14.1 CREEK SIDE DR   1.3 STREET ADDRESS   1.4 CREEK SIDE DR   1.5 STREET ADDRESS   1.4 CREEK SIDE DR   1.5 STREET ADDRESS   1.5 STREET A	office agen	or registered agent, or both, in the t. I am familiar with, and accept the IRE	State of Florida. Such change was at obligations of, Section 607.0505, Flor	ithonized by ida Statutes	the corporati	ion's board of directors. Filefeby accep	it the appoin	itment as i	egistered ——
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14. I hereby certify that the information surplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or surpliemental annual report is five 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 of the receiver of 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 by on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR