

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H99544

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**5877115968CC**

**Entity Name:** TRI COUNTY EYE ASSOCIATES, P.A.

**Current Principal Place of Business:**

25 DELTONA BLVD.  
SUITE 1  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

25 DELTONA BLVD.  
SUITE 1  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 59-2630204

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILES, HENRY E  
25 DELTONA BLVD.  
SUITE 1  
ST AUGUSTINE, FL 32086 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DP  
Name            MILES, HENRY E  
Address        25 DELTONA BLVD #1  
City-State-Zip: ST AUGUSTINE FL 32086

Title            DC  
Name            MILES, DAVID E  
Address        25 DELTONA BLVD #1  
City-State-Zip: ST AUGUSTINE FL 32086

Title            DT  
Name            MILES, CHARLES S  
Address        25 DELTONA BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

Title            DS  
Name            MILES, WILLIAM F  
Address        25 DELTONA BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HENRY MILES

**ADMINISTRATOR**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date