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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L62075** **(1)**

1. Corporation Name

MITCHELL INDICTOR, D.D.S., P.A.

Principal Place of Business	Mailing Address
3521 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33436-4533 US	3521 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33436-4533 US

3. Date Incorporated or Qualified: 03/28/1990	3a. Date of Last Report: 03/02/1995
4. FEI Number: 65-0185662	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 207 S.E. 23RD AVENUE	26 207 S.E 23 RD AVENUE
Suite, Apt. #, etc. 22 SUITE # 100	Suite, Apt. #, etc. 27 SUITE # 100
City & State 23 BOYNTON BEACH FLORIDA	City & State 28 BOYNTON BEACH FLORIDA
Zip 24 33435-7619	Country 25 U.S
Zip 29 33435-7619	Country 30 US

9. Name and Address of Current Registered Agent

INDICTOR, MITCHELL, D.D.S.
3521 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name: MITCHELL INDICTOR DDS
82 Street Address (P.O. Box Number is Not Acceptable): 207 S.E 23 RD AVENUE
83: SUITE # 100
84 City: BOYNTON BEACH FL 85 Zip Code: 33435-7619

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD INDICTOR, MITCHELL 3521 W. BOYNTON BCH BLVD BOYNTON BCH FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MITCHELL INDICTOR DDS 207 S.E. 23 RD AVENUE SUITE # 100 BOYNTON BEACH, FLORIDA 33435-7619 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001782062 -03/05/96 -01021--004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 2/3/4

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, added or deleted.

SIGNATURE: _____ MITCHELL INDICTOR, D.D.S. 6-5-96 (407) 734-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRES./DIR.

CR2E034 (12/95)