

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90326 029 ***150.00

DOCUMENT # L62075

1. Entity Name
MITCHELL INDICTOR, D.D.S., P.A.



Principal Place of Business
207 S.E. 23RD. AVE.
SUITE #100
BOYNTON BEACH, FL 33435-7619 US

Mailing Address
207 S.E. 23RD. AVE.
SUITE #100
BOYNTON BEACH, FL 33435-7619 US

50039522



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0185662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

INDICTOR, MITCHELL, D.D.S.
207 S.E. 23RD. AVE.
SUITE #100
BOYNTON BEACH, FL 33435-7619
*7201 N.E. 8TH AVE.
BOCA RATON, FL 33487*

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mitchell Indictor, D.D.S.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

4/14/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INDICTOR, MITCHELL
STREET ADDRESS 207 S.E. 23RD. AVE.
CITY-ST-ZIP BOYNTON BEACH, FL 334357619

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mitchell Indictor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 *(561) 734-8000*
Date Daytime Phone #