

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62075

**Entity Name:** MITCHELL INDICTOR, D.D.S., P.A.

**Current Principal Place of Business:**

207 S.E. 23RD. AVE.

BOYNTON BEACH, FL 33435-7653

**Current Mailing Address:**

P.O. 249

BOYNTON BEACH, FL 33425-0249 US

**FEI Number:** 65-0185662

**Certificate of Status Desired:** No

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

INDICTOR, MITCHELL, D.D.S.

7201 NE BAY HARBOUR AVENUE

BOCA RATON, FL 33487-1707 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 PD

Name INDICTOR, MITCHELL

Address 207 S.E. 23RD. AVE.

City-State-Zip: BOYNTON BEACH FL 33435-7653

*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:** MITCHELL INDICTOR DDS

**PRES./DIR.**

**04/13/2025**

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

\_\_\_\_\_  
Date