2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 505640

1. Entity Name

LEON WAYNE MITCHELL, M.D., P.A.



Principal Place of Business

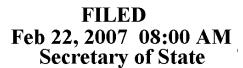
13701 BRUCE B DOWNS BOULEVARD

SUITE 113 TAMPA, FL 33613 Mailing Address

13701 BRUCE B DOWNS BOULEVARD

SUITE 113

TAMPA, FL 33613





DO NOT WRITE IN THIS SPACE

02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1674892

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, LEON WAYNE 13701 BRUCE B DOWN BLVD **STE 113 TAMPA, FL 33613**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

03/02/07-80039-013 150.00

10. OFFICERS AND DIRECTORS TITLE NAME MITCHELL, LEON WAYNE 13701 BRUCE B DOWNS BLVD STE 113 STREET ADDRESS CITY-ST-ZIP TAMPA FL, TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 export as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagment with an address, with all other like empowered.

SIGNATURE:

Leon W. Mitchell, M.D.

President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #