

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**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**



02092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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**

U000000644343  
03/02/07-80039-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, LEON WAYNE 13701 BRUCE B DOWNS BLVD STE 113 TAMPA FL,
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:**   
Leon W. Mitchell, M.D. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 2/15/07