

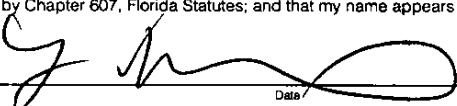


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 017 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 3010 E. 138th Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33613		3. Mailing Address 3010 E. 138th Avenue Suite, Apt. #, etc. Suite 100 City & State Tampa, FL Zip 33613		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40043200</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 02182008 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 4. FEI Number 59-1674892 Applied For <input type="checkbox"/> Not Applicable </div> <div style="font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent MITCHELL, LEON WAYNE 13701 BRUCE B DOWN BLVD STE 113 TAMPA, FL 33613				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3010 E. 138th Avenue Suite 100 City Tampa State FL Zip Code 33613	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD MITCHELL, LEON WAYNE 13701 BRUCE B DOWNS BLVD STE 113 TAMPA FL	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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 <div style="text-align: right;">  (813) 971-2300 </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					