

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 505640

FILED
Oct 13, 2009
Secretary of State

Entity Name: LEON WAYNE MITCHELL, M.D., P.A.

Current Principal Place of Business:

3010 E 138TH AVENUE
SUITE 100
TAMPA, FL 33613

New Principal Place of Business:

14419 WADSWORTH DR.
ODESSA, FL 33556

Current Mailing Address:

3010 E 138TH AVENUE
SUITE 100
TAMPA, FL 33613

New Mailing Address:

14419 WADSWORTH DR.
ODESSA, FL 33556

FEI Number: 59-1674892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, LEON WAYNE
3010 E 138TH AVENUE
STE 100
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

MITCHELL, LEON WAYNE
14419 WADSWORTH DR
ODESSA, FL 33556 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: LEON WAYNE MITCHELL

10/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITCHELL, LEON WAYNE
Address: 3010 E 138TH AVENUE, SUITE 100
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MITCHELL, LEON WAYNE
Address: 14419 WADSWORTH DR
City-St-Zip: ODESSA, FL 336133556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEON WAYNE MITCHELL

MD

10/13/2009

Electronic Signature of Signing Officer or Director

Date