

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 588203**

1. Entity Name

ORRIN D. MITCHELL, D.D.S., P.A.



Principal Place of Business

1190-A WEST EDGEWOOD AVE.  
JACKSONVILLE, FL 32208

Mailing Address

1190-A WEST EDGEWOOD AVE.  
JACKSONVILLE, FL 32208



01132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1847618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, ORRIN D.  
1190-A W. EDGEWOOD AVE.  
JACKSONVILLE, FL 32208

**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 re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000008471943  
03/29/06-80016-010 150.00

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

MITCHELL, ORRIN D., D.D.S

STREET ADDRESS

1190-A W. EDGEWOOD AVE.

CITY - ST - ZIP

JACKSONVILLE, FL

TITLE

ST

NAME

MITCHELL, PATRICIA

STREET ADDRESS

1190-A W. EDGEWOOD AVE.

CITY - ST - ZIP

JACKSONVILLE, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

904-766-6900

Daytime Phone #