

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588203

FILED
Apr 11, 2011
Secretary of State

Entity Name: ORRIN D. MITCHELL, D.D.S., P.A.

Current Principal Place of Business:

1190-A WEST EDGEWOOD AVE.
SUITE A
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1190-A WEST EDGEWOOD AVE.
SUITE A
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-1847618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MITCHELL, ORRIN D.,D.D.S
Address: 1190-A W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: ST
Name: MITCHELL, PATRICIA
Address: 1190-A W. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: ORRIN D. MITCHELL, D.D.S.

P

04/11/2011

Electronic Signature of Signing Officer or Director

Date