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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600581

ASSOCIATED GYNECOLOGY, P.A., WILLIAM C. MITCHELL , M.D.

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Principal Place	e of Business	Mailing Add	ress							
C/O WILLIAM G. MITCHELL, M.D. 111 N. LAKEMONT AVE., STE. 1B		331 N. MAITI	% WILLIAM C. MITCHELL, M.D. 331 N. MAITLAND AVE., STE. D-10			DO NOT WRITE IN THIS SPACE				
WINTER PARK FL 32792			MAITLAND FL 32751			3. Date Incorporated or Qualifed				
US		US					**			
						11/20/19			T 1 4	
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number				olied For
21		26				59-12197	<u>/31</u>			Applicable
Suite, Apt. i	#, etc.	Suite, A	pt. #, etc.			5 Certificate o	f Status Desired		\$8.75 _. A	
22		27				J. Certificate o	TOIBIOS DESITOR		Fee Rec	quired
City & State	e	City & S	tate			6. Election Ca	mpaign Financing		\$5.00	May Be
23		28				Trust Fund	Contribution		Added to	
Zip	Country	Zip	 -	Country		8. This corpora	ation owes the curr	ent year Intang	jible	- ""
· ·	25	29	30	่า		Personal Pr			Yes	□No
24	9. Name and Address of Curr			<u>''</u>			Address of New F	Registered Ag	ent	
	9. Name and Address of Curi	rent Registered Ag		81	Name					
MITC	CHELL, WILLIAM C., M.D.									
	N. LAKEMONT AVE.					ddress (P.O. Box Nun	nber is Not Accepta	able)		
						<u> </u>				
STE.				83		,			Strate:	
WiN1	TER PARK FL 32792			84	City				85 Zip C	ode
				04	City			FL	03	
11 Dureuget	to the provisions of Sections 607.0	502 and 607 1508	Florida Statutes.	the above	e-named c	orporation submits thi	s statement for the	purpose of ch	anging its i	registered
l office or re	egistered agent or both in the Sta	ate of Florida. Such (cnance was autr	KORIZEO DV	the corpor	ation's board of direct	tors. I hereby acces	of the appointm	nent as reg	jistered
agent. I a	m familiar with, and accept the obli	igations of, Section	607.0505, Floridi	a Statutes	i.					
SIGNATURE								DATE		 i
	Signature, typed or printed name of registered a		(NOTE: Re		nt signature req	guired when reinstating)		DATE AND	DIPECTO	DS IN 12
SIGNATURE	OFFICERS	AND DIRECTORS		13.	nt signature req	ADDITIONS/	CHANGES TO OF	FICERS AND		
		AND DIRECTORS	(NOTE: Re		nt signature req	ADDITIONS/		FICERS AND	DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS		13.	nt signature req	ADDITIONS/	CHANGES TO OF	FICERS AND		
12. TITLE NAME	OFFICERS D MITCHELL, WILLIAM C	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature req	ADDITIONS/	CHANGES TO OF	FICERS AND		
12. TITLE NAME STREET AODRESS	OFFICERS D MITCHELL, WILLIAM C 111 N. LAKEMONT AVE., ST	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS	ADDITIONS/	CHANGES TO OF	FICERS AND		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, With all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90004 018 ***150.00