

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90121 029 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 600581

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O WILLIAM C. MITCHELL, M.D.
111 N. LAKEMONT AVE., STE. 1B
WINTER PARK FL 32792
US

% WILLIAM C. MITCHELL, M.D.
331 N. MAITLAND AVE., STE. D-10
MAITLAND FL 32751
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 111 N. Lakemont Ave.

City & State

27 STE 1B

Zip

Country

25

City & State

28 Winter Park FL

Zip

Country

29 32792

30

3. Date Incorporated or Qualified

11/20/1968

4. FEI Number

59-1219731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, WILLIAM C., M.D.
111 N. LAKEMONT AVE.
STE. 1B
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
MITCHELL, WILLIAM C		1.2 NAME	
111 N. LAKEMONT AVE., STE. 1B		1.3 STREET ADDRESS	
WINTER PARK FL		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000 4076473485