

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90025 034 ***150.00

009042 AV

DOCUMENT # 600581

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1219731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MITCHELL, WILLIAM C | |
| STREET ADDRESS | 111 N. LAKEMONT AVE., STE. 1B | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02

Date

(407) 647-3485

Daytime Phone #

CR2E034 (9/01)