


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 600581 |  |
| 1. Entity Name ASSOCIATED GYNECOLOGY, P.A., WILLIAM C. MITCHELL, M.D. | |

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|---|---|
| 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 |



MOORE CR2E034 (11/03)

| | | |
|--|--|--|
| 4. FEI Number 59-1219731 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MITCHELL, WILLIAM C., M.D. 111 N. LAKEMONT AVE. STE. 1B WINTER PARK FL 32792 | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MITCHELL, WILLIAM C 111 N. LAKEMONT AVE., STE. 1B WINTER PARK FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000056396 02/19/04-80018-014 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 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

02/18/2004 (407)647-3485