

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55220

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** WILLIAM D. MITCHELL, JR., DVM, P.A.

**Current Principal Place of Business:**

% WILLIAM D. MITCHELL, JR., DVM.  
6511 S.W. 45TH ST.  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM D. MITCHELL, JR., DVM.  
6511 S.W. 45TH ST.  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 65-0092214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, WILLIAM D., JR., DVM.  
6511 S.W. 45TH ST.  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MITCHELL, WILLIAM D., JR  
Address: 6511 S.W. 45TH ST.  
City-St-Zip: DAVIE, FL 33314

Title: T  
Name: MITCHELL, MICHAEL D  
Address: 4740 SEMINOLE CIRCLE  
City-St-Zip: BIRMINGHAM, AL 35243

Title: V  
Name: BENNETT, LISA W  
Address: 2897 SW 17 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: S  
Name: MITCHELL, DJINN M  
Address: 1081 WEST TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

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: WILLIAM D MITCHELL

PD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date