

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59238

FILED  
Mar 23, 2010  
Secretary of State

Entity Name: MITCHELL CHECKVER D.O., P.A.

## Current Principal Place of Business:

% MITCHELL CHECKVER  
7211 NORTH DALE MABRY HWY #100  
TAMPA, FL 33614

## New Principal Place of Business:

% MITCHELL CHECKVER  
7211 NORTH DALE MABRY HWY #100  
TAMPA, FL 33614 US

## Current Mailing Address:

% MITCHELL CHECKVER  
7211 NORTH DALE MABRY HWY #100  
TAMPA, FL 33614

## New Mailing Address:

% MITCHELL CHECKVER  
7211 NORTH DALE MABRY HWY #100  
TAMPA, FL 33614 US

FEI Number: 59-2962653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHECKVER, MITCHELL  
7211 NORTH DALE MABRY HWY  
SUITE 100  
TAMPA, FL 33614 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: CHECKVER, MITCHELL  
Address: 7211 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614 US

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: DR. MITCHELL D. CHECKVER, D.O.

PRES

03/23/2010

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

\_\_\_\_\_ Date