

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90119 027 ***150.00

DOCUMENT # P01000008235

1. Entity Name

DR. ROBERT BEN MITCHELL, PA



Principal Place of Business

1000 LINCOLN ROAD

240

MIAMI BEACH FL 33139

Mailing Address

16751 N GLADES DR. STE 9

N MIAMI BEACH FL 33162

2. Principal Place of Business

1065 NE 125 Street

3. Mailing Address

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

Zip

33161

Country

USA

Zip

Country

4. FEI Number

65-1069522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MITCHELL, DR. ROBERT B PA

16751 N GLADES DRIVE

SUITE 9

NORTH MIAMI BEACH FL 33162

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

Dr Robert Ben Mitchell, PA

02/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

TITLE
NAME

D
BEN MITCHELL, DR. ROBERT
16751 N GLADES DR, STE 9
N MIAMI BEACH FL 33162

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

DR ROBERT BEN MITCHELL, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/03

Date

305-672-7205

Daytime Phone #

CR2E034 (10/02)