

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000082193

1. Entity Name
LEE S. MITCHEL, M.D., P.A.



Principal Place of Business
2650 BAHIA VISTA STREET
SUITE 309
SARASOTA, FL 34239

Mailing Address
2650 BAHIA VISTA STREET
SUITE 309
SARASOTA, FL 34239



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN J JR
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MITCHEL, LEE S MD
2650 BAHIA VISTA STREET SUITE 309
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000281282
03/30/05-80055-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone

LEE MITCHEL, MD

3/26/05

941-366-4015