


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 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
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DO NOT WRITE IN THIS SPACE



01212006 No Chg-F CR2E034 (11/05)

4. FEI Number 65-1131982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
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02/25/06-80048-023 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lee Mitchel MD* LEE MITCHEL, MD 2/12/06 941-366-4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #