

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101480

Entity Name: MITCH P. FEARING, M.D., P.A.

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

14819 NW 140TH ST
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 20-0240352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEARING, MITCHEL M.D.
8214 SW 16TH PL
GAINESVILLE, FL 32607 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: DR.
Name: FEARING, MITCH P
Address: 14819 NW 140TH ST
City-St-Zip: ALACHUA, FL 32615

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: MITCH P. FEARING, MD

OWNE

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date