

# 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