

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000065630

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** JOANNA MITCHELL & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1809 EAST BROADWAY STREET STE 321  
OVIEDO, FL 32765

**New Principal Place of Business:**

614 E. HWY 50, STE 327  
CLERMONT, FL 34711

**Current Mailing Address:**

1809 EAST BROADWAY STREET STE 321  
OVIEDO, FL 32765

**New Mailing Address:**

614 E. HWY 50, STE 327  
CLERMONT, FL 34711

**FEI Number:** 42-1703825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, JOANNA M  
1809 EAST BROADWAY STREET STE 321  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

MITCHELL, JOANNA M  
614 E HWY 50, STE 327  
CLERMONT, FL 34711 US

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:** JOANNA MITCHELL

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MITCHELL, JOANNA M  
**Address:** 614 E HWY 50, STE 327  
**City-St-Zip:** CLERMONT, FL 34711

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:** JOANNA MITCHELL

P

03/18/2011

Electronic Signature of Signing Officer or Director

Date