

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000009777

1. Entity Name
MITCHELL A. JOSEPHS, D.D.S., P.A.



Principal Place of Business
44 COCONUT ROW
PALM BEACH TOWERS, SUITE 206-208
PALM BEACH, FL 33480 US

Mailing Address
44 COCONUT ROW
PALM BEACH TOWERS, SUITE 206-208
PALM BEACH, FL 33480 US

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0386857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPHS, MITCHELL A
44 COCONUT ROW
PALM BEACH TOWERS, SUITE 206-208
PALM BEACH, FL 33408

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000958258

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

07/24/08-80005-012 150.00
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOSEPHS, MITCHELL A
STREET ADDRESS	2457 CHESAPEAKE CIR.
CITY-STATE-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-832-4675