## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000064041

Entity Name: MITCHELL & MITCHELL ENDODONTICS P.A.

7000 W. PALMETTO PARK ROAD SUITE 504

BOCA RATON, FL 33433

Address:

City-St-Zip:

FILED Jan 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7000 W. PALMETTO PARK ROAD SUITE 504 BOCA RATON, FL 33433 **New Mailing Address: Current Mailing Address:** 7000 W. PALMETTO PARK ROAD SUITE 504 BOCA RATON, FL 33433 FEI Number: 65-0858283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, GLEN B 7000 W. PÁLMETTO PARK ROAD SUITE 504 BOCA RATON, FL 33433 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MITCHELL, GLEN B DR. Name: Name: 7000 W. PALMETTO PARK ROAD SUITE 504 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Change () Addition () Delete MITCHELL, LAUREN H DR. Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLEN MITCHELL DR 01/16/2008