

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064041

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** MITCHELL & MITCHELL ENDODONTICS P.A.

**Current Principal Place of Business:**

7000 W. PALMETTO PARK ROAD  
SUITE 504  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7000 W. PALMETTO PARK ROAD  
SUITE 504  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 65-0858283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITCHELL, GLEN B  
7000 W. PALMETTO PARK ROAD  
SUITE 504  
BOCA RATON, FL 33433 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MITCHELL, GLEN B DR.  
**Address:** 7000 W. PALMETTO PARK ROAD SUITE 504  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** D  
**Name:** MITCHELL, LAUREN H DR.  
**Address:** 7000 W. PALMETTO PARK ROAD SUITE 504  
**City-St-Zip:** BOCA RATON, FL 33433

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:** GLEN B. MITCHELL

DR

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date