

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068527

1. Entity Name

LILLIAN MITCHELL, M.D., P.A.

Principal Place of Business

701 SOUTHEAST 48TH AVENUE
OCALA FL 34471

Mailing Address

P.O. BOX 2324
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, LILLIAN
2901 SW 41ST ST., APT. 3503
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Lillian Mitchell

Street Address (P.O. Box Number is Not Acceptable)

701 Southeast 48th Ave

City

Ocala

FL

Zip Code

34471

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.

SIGNATURE

Lillian Mitchell

7/10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVTS
NAME MITCHELL, LILLIAN
STREET ADDRESS 2901 SW 41ST ST., APT. 3503
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE ~~P~~
NAME ~~Joseph R. Ato~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS
NAME Lillian Mitchell
STREET ADDRESS 701 SE 48th Ave
CITY-ST-ZIP Ocala FL 34471 ☒ Change ☐ Addition

TITLE T
NAME Joseph R. Alonso
STREET ADDRESS 701 SE 48th Ave
CITY-ST-ZIP Ocala FL 34471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

352 6244314

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE