

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91160 029 ***150.00

**2003 FOR PROFIT CORPORATION
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 701 SE 48 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State Ocala Florida

Zip

Country

Zip

34471

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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
701 SOUTHEAST 48TH AVE
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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's signature required when reinstating)

DATE

05-01-03

FILE KNOWLEDGE FEE IS \$150.00
After May 1, 2003, Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVS
NAME MITCHELL, LILLIAN
STREET ADDRESS 701 SE 48TH AVE
CITY-ST-ZIP Ocala, FL 34471 ☐ Delete

T ALONSO, JOSEPH R
NAME
STREET ADDRESS 701 SE 48TH AVE
CITY-ST-ZIP Ocala, FL 34471 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 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

0501-03 352-624-4314

One

Daytime Phone #

CR2E034 (10/02)