

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000077594

**Entity Name:** MITCHELL KARL, M.D., P.A.

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

880 NW 13 STREET, SUITE 1-B  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 13 STREET, SUITE 1-B  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 65-0948662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARL, MITCHELL MD  
880 NW 13 STREET, SUITE 1-B  
BOCA RATON, FL 33486 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

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: KARL, MITCHELL MD  
Address: 880 NW 13 STREET, SUITE 1-B  
City-St-Zip: BOCA RATON, FL 33486

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: MITCHELL KARL, MD

PRES

03/03/2012

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

\_\_\_\_\_  
Date