

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99121

FILED
Feb 09, 2011
Secretary of State

Entity Name: MANDARIN OFFICE CORPORATION

Current Principal Place of Business:

14546 ST. AUGUSTINE ROAD
SUITE 311
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

14546 ST. AUGUSTINE ROAD
SUITE 311
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3033769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAUGHON, RICHARD SCOTT
200 WEST FORSYTH STREET
SUITE 1730
JACKSONVILLE, FL 32202 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: PD
Name: MYERS, RICHARD L.
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD
Name: GREENWALD, AMY D.
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD
Name: PAULK, WILFORD, E, MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD
Name: GREENHAW, JOSEPH C MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD
Name: CONNOR, PATRICK M MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD
Name: VANBENNEKOM, JASON L MD
Address: 14546 ST. AUGUSTINE ROAD SUITE 311
City-St-Zip: JACKSONVILLE,, FL 32258

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: RICHARD L. MYERS, M.D.

PD

02/09/2011

Electronic Signature of Signing Officer or Director

Date