

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:13

DOCUMENT # **N18551 (4)**
1. Corporation Name
MANDARIN SCHOOL OF CHINESE MEDICINE, INC.

Principal Place of Business Mailing Address
11018 OLD ST AUGUSTINE RD JACKSONVILLE FL 32247 **11018 OLD ST AUGUSTINE RD #137 JACKSONVILLE FL 32247**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-2847404** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**TAYLOR, VICTORIA J.
1708 BELMONTE AVE
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **S**
NAME **SHIRLEY J. HARTMAN, MD**
STREET ADDRESS **7563 PHILLIPS HWY. #208**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **T**
NAME **LANGFORD, JANE**
STREET ADDRESS **5541 AUBURN RD, APT C**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **PD TR**
NAME **VICTORIA J. TAYLOR**
STREET ADDRESS **1708 BELMONTE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **SD** Change Addition
1.2 NAME **~~SHIRLEY J. HARTMAN~~ VACANT**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **TRD** Change Addition
2.2 NAME **Jane LANGFORD**
2.3 STREET ADDRESS **3760 C.H. ARNOLD RD**
2.4 CITY-ST-ZIP **St Augustine, FL 32092**
3.1 TITLE **VD TR** Change Addition
3.2 NAME **MICHAEL KOWALSKI**
3.3 STREET ADDRESS **5113 Otter Creek Drive**
3.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32216**
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane Langford **JANE LANGFORD** 3/8/95 904 737-0312
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Type in Block 8)