

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18551 (4)

1. Corporation Name

MANDARIN SCHOOL OF CHINESE MEDICINE, INC.

Principal Place of Business

11018 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32247

Mailing Address

11018 OLD ST AUGUSTINE RD
JACKSONVILLE FL 32247



3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 4237 Salisbury Rd. N.

2a. Mailing Address

26 4237 Salisbury Rd. N.

Suite, Apt. #, etc.

22 Suite 108

Suite, Apt. #, etc.

27 Suite 108

City & State

23 Jacksonville, FL

City & State

28 Jax, FL

Zip

24 32257

Country

25 USA

Zip

29 32257

Country

30 USA

9. Name and Address of Current Registered Agent

TAYLOR, VICTORIA J.
1706 BELMONTE AVE
JACKSONVILLE FL 32207

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Victoria J. Taylor

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

(NOTE: Registered Agent signature required when reinstating)

8/5/96

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE
NAME SHIRLEY J. HARTMAN, MD
STREET ADDRESS 7563 PHILLIPS HWY. #206
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☒ DELETE
NAME LANGFORD, JANE
STREET ADDRESS 2760 C H ARNOLD RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE VDT ☐ DELETE
NAME KOWALSKI, MICHAEL
STREET ADDRESS 5113 OTTER CREEK DR
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ DELETE
NAME Peter Draper TD
STREET ADDRESS 4237 Salisbury Rd N
CITY-ST-ZIP #108 Jacksonville, FL

TITLE ☐ DELETE
NAME Director
STREET ADDRESS Brenda Star Walker, LMT
CITY-ST-ZIP 1230 Landon Ave Jacksonville 32207

TITLE ☐ DELETE
NAME Victoria J. Taylor
STREET ADDRESS 1706 Belmont Ave
CITY-ST-ZIP Jacksonville, FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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

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-08/08/96--01016--001
***70.00

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Victoria J. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

Date

(904) 346 0986

Daytime Phone

CR2E037 (3/96)