

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033269

FILED
Apr 28, 2004
Secretary of State

Entity Name: MANDARIN CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

9891 SAN JOSE BLVD.
SUITE 2
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

9891 SAN JOSE BLVD.
SUITE 2
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3312573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVTEL, DR JAMES W
9891 SAN JOSE BLVD STE 2
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICKELS, STEVEN D C
Address: 9891 SAN JOSE BLVD., SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete
Name: DAUTEL, JAMES
Address: 9891 SAN JOSE BLVD., SUITE 2
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: PERKINS, J FRED
Address: 9891 SAN JOSE BLVD, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN NICKELS

P

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date