

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000033269

1. Entity Name
MANDARIN CHIROPRACTIC CENTER, P.A.



Principal Place of Business
**9891 SAN JOSE BLVD.
SUITE 2
JACKSONVILLE, FL 32257 US**

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



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3312573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

07/28/08-80007-024 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
NICKELS, STEVEN D C
9891 SAN JOSE BLVD., SUITE 2
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
DAUTEL, JAMES
9891 SAN JOSE BLVD., SUITE 2
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PERKINS, J FRED
9891 SAN JOSE BLVD, SUITE 2
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. STEVEN M. NICKELS

Date

Daytime Phone #

7-7-08 904-262-8600