2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

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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:

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

Name and Address of New Registered Agent:

DAUTEL, DR JAMES W
9891 SAN JOSE BLVD
SUITE 2
JACKSONVILLE, FL 32257 US

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: JOHN F. PERKINS 03/21/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: MR.
Name: PERKINS, J FRED
Address: 9891 SAN JOSE BLVD, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257

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: JOHN F. PERKINS VP 03/21/2012
Electronic Signature of Signing Officer or Director Date