

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040505

FILED
Apr 09, 2004
Secretary of State

Entity Name: MITCHELL CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

330 A1A NORTH
PONTE VEDRA BCH, FL 32082

New Principal Place of Business:

1820 BARRS STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

PO BOX 56113
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3572309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MICHAEL
3131 ST. JOHNS BLUFF RD
JACKSONVILLE, FL 32246

Name and Address of New Registered Agent:

BRENNAN, MANNA & DIAMOND, LLC
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE, FL 32202

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: RANDAL C. FAIRBANKS

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MITCHELL, TED D
Address: 9058 KENTISH COURT
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TED D MITCHELL

DR

04/09/2004

Electronic Signature of Signing Officer or Director

Date