


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 009 ***158.75

DOCUMENT # P99000040505	
1. Entity Name MITCHELL CHIROPRACTIC CENTER, P.A.	

Principal Place of Business 1820 BARRS STREET JACKSONVILLE, FL 32204	Mailing Address PO BOX 56113 JACKSONVILLE, FL 32257
--	---

2. Principal Place of Business - No P.O. Box # 3 Shircliff Way #601A	3. Mailing Address PO BOX 51264
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE BCH, FL
Zip 32204	Zip 32240-1264
Country	Country

02012008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3572309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRENNAN, MANNA & DIAMOND, LLC 76 SOUTH LAURA STREET SUITE 1700 JACKSONVILLE, FL 32202	
---	--

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TED D PO BOX 56113 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TED MITCHELL PO BOX 51264 JACKSONVILLE BEACH FL 32240-1264 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elisa Mitchell **Elisa Mitchell** 2/1/08 904-514-6754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #