

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

Suite, Apt. #, etc.

3. Mailing Address  
PO Box 51264

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

Zip 32204

City & State  
JACKSONVILLE BCH, FL

Zip 32240-1264

Country

4. FEI Number  
59-3572309

02012008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$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

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

\$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 JACICSONVILLE BEACH FL 32240-1264	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS
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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 #