

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040505

FILED
Apr 13, 2011
Secretary of State

Entity Name: MITCHELL CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

8623 SW 4TH PLACE
GAINESVILLE, FL 32607

New Principal Place of Business:

8151 SW 51ST BLVD
GAINESVILLE, FL 32608

Current Mailing Address:

PO BOX 357043
GAINESVILLE, FL 32635 US

New Mailing Address:

PO BOX 357043
GAINESVILLE, FL 32635

FEI Number: 59-3572309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, TED D DR
8623 SW 4TH PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

MITCHELL, TED D DR
8151 SW 51ST BLVD
GAINESVILLE, FL 32608 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:

04/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: MITCHELL, TED D
Address: PO BOX 357043
City-St-Zip: GAINESVILLE, FL 32635 US

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: TED MITCHELL

DR.

04/13/2011

Electronic Signature of Signing Officer or Director

Date