FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 07, 2003 8:00 am Secretary of State DOCUMENT # P99000040505 02-07-2003 90077 010 ***150.00 1. Entity Name MITCHELL CHIROPRACTIC CENTER, P.A. Principal Place of Business Mailing Address 330 A1A NORTH 330 A1A NORTH PONTE VEDRA BCH FL 32082 PONTE VEDRA BCH FL 32082 3. Mailing Address 2. Principal Place of Business P.O. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 59-3572309 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, DENNIS E 233 E. BAY ST., SUITE 620 JACKSONVILLE FL 32202 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 (NOTE: Registered Agent signature required when reinstating) __1 FILE NOW!!! FEE IS \$150:00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Defete Change ☐ Addition NAME MITCHELL, TED D TEOD MITCHELL NAME STREET ADDRESS 12850 CHINQUAPIN WAY STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32246 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete ---Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 a sewered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

☐ Change

■ Addition