

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2004
Secretary of State**

DOCUMENT# N02000004907

Entity Name: AMERICAN CHIROPRACTIC MEDICAL ASSOC., INC.

Current Principal Place of Business:

3230 SW 56TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

1001 N FEDERAL HIGHWAY
UNIT 106
HALLANDALE, FL 33009

Current Mailing Address:

3230 SW 56TH AVENUE
OCALA, FL 34474

New Mailing Address:

P O BOX 800217
MIAMI, FL 33280 02

FEI Number: 04-3893838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITNEY, BROOKE A
Address: 3230 SW 56TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: ANDREWS, ROBERT M
Address: 3230 SW 56TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: WHITNEY, ROBERT M
Address: 3230 SW 56TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YOST, FREDERIC
Address: 1001 N FEDERAL HIGHWAY
City-St-Zip: HALLANDALE, FL 33009

Title: VPD (X) Change () Addition
Name: SCHAEFER, MICHAEL
Address: 1001 N FEDERAL HIGHWAY #106
City-St-Zip: HALLANDALE, FL 33009

Title: STD (X) Change () Addition
Name: SANTIAGO, LAD
Address: 1001 N FEDERAL HIGHWAY #106
City-St-Zip: HALLANDALE, FL 33009

Title: D () Change (X) Addition
Name: COWAN, ROBERT
Address: 1001 N FEDERAL HIGHWAY #106
City-St-Zip: HALLANDALE, FL 33009

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAD SANTIAGO

ST

03/23/2004

Electronic Signature of Signing Officer or Director

Date