

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91148 015 \*\*\*\*61.25

DOCUMENT # **N98000004042**  
1. Entity Name  
**FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION  
INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>990 Bennett Ave</b> Suite, Apt. #, etc. <b>UNIT 400</b> City & State <b>WINTER PARK, FL.</b> Zip <b>32789</b> Country <b>USA</b>		3. Mailing Address <b>990 Bennett Ave</b> Suite, Apt. #, etc. <b>UNIT 400</b> City & State <b>WINTER PARK</b> Zip <b>32789</b> Country <b>USA</b>	
--	--	---	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3524472</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **A. Michael Petker, D.C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**990 Bennett Ave UNIT 400**  
City **WINTER PARK** FL Zip Code **32789**

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.  
SIGNATURE **A. Michael Petker, D.C.** **A. Michael Petker, D.C.** **9/30/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FCPA ACTING President ROBERT WHITNEY, D.C. DABCC, DABCO 3405 S.W. College Rd UNIT #1 OCALA, FL 34474</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Acting I vice President LAD SANTIAGO, BA, D.C. PMD P.O. Box 755 FAIRFOREST, S.C. 29336</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Acting Pres. Elect JOHN SULLIVAN, D.C. 1111 WINDSWEEP AVE NAPLES, FL 34109</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Acting Sec./Tres A. Michael Petker, D.C. 220 MASON AVE HOLLY HILL, FL 32117</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Acting Sec./tres II JAMIE FLEAGANE, D.C. 2624 Forest Hill, Blvd. WEST PALM BEACH, FL 33406</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD EARL BALL, D.C. 4405 Usher Ave Orlando, FL 32822</b>	TITLE NAME 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **A. Michael Petker, D.C.** **A. Michael Petker** **4/30/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **386-258-7474**

CR2E037B (12/01)