

FILED
Jun 11, 2003 8:00 am
Secretary of State


5/23

05-23-2003 90152 027 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000004042

1. Entity Name
FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC



Principal Place of Business Mailing Address

**990 BENNETT AVENUE
 UNIT 400
 WINTER PARK FL 32789** **990 BENNETT AVENUE
 UNIT 400
 WINTER PARK FL 32789**

55047516

2. Principal Place of Business 3. Mailing Address

1108 Lucerne Terr. **1108 Lucerne Terr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Orlando, FL **Orlando, FL**

Zip Country Zip Country

32806 **USA** **32806** **USA**

4. FEI Number **59-3524472** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PORTER, A MICHAEL DC
 990 BENNETT AVENUE
 UNIT 400
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Roderic A. Lacy, MD, DC**
 Street Address (P.O. Box Number is Not Acceptable)
1108 Lucerne Terr.
 City **Orlando** FL Zip Code **32806**

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  **CEO** DATE **5/21/03**

Signature, by hand, print, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PE / D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	1111 WINDSWEEP AVENUE	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PETKER, A MICHAEL	
STREET ADDRESS	220 MASON AVENUE	
CITY - ST - ZIP	HOLLY HILL FL 32117	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FLEAGANE, JAMIE	
STREET ADDRESS	2624 FOREST HILL BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	(D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roderic A. Lacy, MD, DC	
STREET ADDRESS	1108 Lucerne Terr.	
CITY - ST - ZIP	Orlando FL 32806	
TITLE	Panel Yocom, D.C. (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	954 Kay Blvd	
STREET ADDRESS	Port St. John, FL 32927	
CITY - ST - ZIP		
TITLE	Secretary/Treasurer (S/T) (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erin Ahlsley	
STREET ADDRESS	1108 Lucerne Terr.	
CITY - ST - ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lessee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another I am empowered.

SIGNATURE:  **Roderic A. Lacy, MD, DC** Date **5/21/03** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR DIRECTOR

CR2E037 (10/02)