

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112482

FILED
Mar 29, 2005
Secretary of State

Entity Name: SOUTHEAST ASSOCIATION OF CHIROPRACTIC PHYSICIANS, P.A.

Current Principal Place of Business:

24 WEST CHASE STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

24 WEST CHASE STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3685455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZIER, DANIEL R
24 WEST CHASE STREET
PENSACOLA, FL 32501 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RENFROE, PHILIP E DR.
Address: 511 PHYLLIS STREET
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: SNELLGROVE, DAVID DR.
Address: 1157 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RENFROE, PHILIP E DR.
Address: 511 PHYLLIS STREET
City-St-Zip: PENSACOLA, FL 32503

Title: VP (X) Change () Addition
Name: SNELLGROVE, DAVID DR.
Address: 1157 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

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

SIGNATURE: DR. PHILIP E. RENFROE

PRES

03/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date