

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709086

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CHIROPRACTIC SOCIETY, INCORPORATED

**Current Principal Place of Business:**

106 QUEENS LANE  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 QUEENS LANE  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 59-1508370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTOYA, LILIANA  
106 QUEENS LANE  
ROYAL PALM BEACH, FL 33411 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: VP  
Name: HENARD, KAREN DC  
Address: 2023 KILDARE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: C  
Name: ABECKJERR, DANIEL DC  
Address: 177 NE 167TH STREET  
City-St-Zip: N. MIAMI, FL 33162

Title: ED  
Name: MONTOYA, LILIANA  
Address: 106 QUEENS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33911

Title: PD  
Name: WEINGARTEN, MINDY DC  
Address: 4606 CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SEC  
Name: FROSH LICATA, BETH DC  
Address: 112 S. FEDERAL HWY STE 2  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: LILIANA MONTOYA

ED

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date