

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004906

FILED
Feb 21, 2005
Secretary of State

Entity Name: FLORIDA CHIROPRACTIC MEDICAL ASSOC., INC.

Current Principal Place of Business:

1001 N FEDERAL HIGHWAY #106
HALLANDALE, FL 33009

New Principal Place of Business:

2830 IOWA AVE N.E.
ST PETERSBURG, FL 33703

Current Mailing Address:

PO BOX 800247
MIAMI, FL 332800247

New Mailing Address:

2830 IOWA AVE N.E.
ST PETERSBURG, FL 33703

FEI Number: 04-3693847

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: PD () Delete
Name: YOST, FREDERIC
Address: 1001 N FEDERAL HIGHWAY #106
City-St-Zip: HALLANDALE, FL 33009

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHAEFER, MICHAEL
Address: 2830 IOWA AVE N.E.
City-St-Zip: ST PETERSBURG, FL 33703

Title: VPD (X) Change () Addition
Name: YOST, FRED
Address: 2830 IOWA AVE N.E.
City-St-Zip: ST PETERSBURG, FL 33703

Title: STD (X) Change () Addition
Name: PETKER, ANTONHY
Address: 2830 IOWA AVE N.E.
City-St-Zip: ST PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL SCHAEFER

P

02/21/2005

Electronic Signature of Signing Officer or Director

Date