2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000564

1. Entity Name

Southern Chiropractic Association, Inc.

FILED

00 MAY 16 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3281 W. Broward Blvd	8181 W. Broward Blvd
Suite, Apt. #, etc.: Suite 350	Suite, Apt. #, etc.: Suite 350
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

DO NOT WRITE IN THIS SPACE 00 150

4. FEI Number: 65-0686590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Dr. GREGG T. REESE
	Street Address (P.O. Box Number is Not Acceptable): 3260 STIRLING ROAD
	City: Hollywood FL Zip Code: 33021

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: GREGG T. REESE DC Treasurer DATE: 4/10/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Joseph Accurso DC 6030 Bird Rd Miami FL 33155 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003284386--8 -06/12/00--01024--002 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / Director GREGG T. REESE DC 3260 Stirling Rd Hollywood FL 33021 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / Director Gerson Diaz DC 10700 Caribbean Blvd Ste 206 Miami FL 33189 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5/17/99 90048 046 $150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGG T. REESE DC GREGG T. REESE DC 4/10/00 954-989-4738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #