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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-12-2001 90009 033 ****61.25

DOCUMENT # N98000000564

1. Entity Name

SOUTHERN CHIROPRACTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8181 W. BROWARD BLVD. SUITE 350 FT. LAUDERDALE FL 33324	8181 W. BROWARD BLVD. SUITE 350 FT. LAUDERDALE FL 33324

43607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8854 State Rd 84
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Davie Fl
Zip / Country	Zip: 33324 / Country: USA

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
REESE, GREGG T DR. 3260 STIRLING ROAD HOLLYWOOD FL 33021	Name: Dr. Tom D'Amico Street Address (P.O. Box Number is Not Acceptable): 8854 State Rd 84 City: Davie FL Zip Code: 33324

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 4/9/01
Signature of current or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	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	PD ALLURSO, JOSEPH DR. 6030 BIRD ROAD MIAMI FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hedgson, Paula Dr. 1313 E. Sample Rd Pompano Bch. Fl 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REESE, GREGG T DR 3260 STIRLING ROAD HOLLYWOOD FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD D'Amico Tom Dr. 8854 State Road 84 Davie, Fl 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIAZ, GERSON DR. 10700 CARIBEAN BLVD., STE. 206 MIAMI FL 33189	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Abeckzerr, Daniel Dr. 177 NE 167th ST. N. Miami Bch, Florida 33162	☒ Change ☐ Addition
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Treasurer 4/9/01 954-989-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #