

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000564**

1. Entity Name

SOUTHERN CHIROPRACTIC ASSOCIATION, INC.**FILED****May 29, 2002 8:00 am**
Secretary of State

05-29-2002 90687 024 ****61.25

Principal Place of Business

9181 W. BROWARD BLVD.
SUITE 350
FT. LAUDERDALE FL 33324

Mailing Address

8854 STATE RD 84
FT. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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****DAMICO, TOM DR**
8854 STATE RD 84
DAVIE FL 33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **HEDGLON, PAULA DR**
STREET ADDRESS **1313 E. SAMPLE RD**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE **TD** ☐ Delete
NAME **DAMICO, TOM DR**
STREET ADDRESS **8854 STATE RD 84**
CITY-ST-ZIP **DAVIE FL 33324**TITLE **SD** ☐ Delete
NAME **ABECKJERR, DANIEL DR**
STREET ADDRESS **177 NE 167TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Thomas C. Damico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02
Date(954) 474-9995
Daytime Phone #

CR2E037 (9/01)