

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000564

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOUTHERN CHIROPRACTIC ASSOCIATION, INC.

Current Principal Place of Business:

8181 W. BROWARD BLVD.
SUITE 350
FT. LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

10946 PEMBROKE RD
HOLLYWOOD, FL 33025

New Mailing Address:

FEI Number: 65-0686590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMICO, TOM DR
8854 STATE RD 84
DAVIE, FL 33324 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: HEDGLON, PAULA DR
Address: 1313 E. SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: DAMICO, TOM DR
Address: 8854 STATE RD 84
City-St-Zip: DAVIE, FL 33324

Title: SD () Delete
Name: ABECKJERR, DANIEL DR
Address: 177 NE 167TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P () Delete
Name: SHOEMAKER, JOEL M
Address: 10946 PEMBROKE RD
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: JOEL A SHOEMAKER

TREA

04/25/2006

Electronic Signature of Signing Officer or Director

Date