2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N98000000564

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:

8854 STATE ROAD 84
DAVIE, FL 33324

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 (X) 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 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: DR. THOMAS D'AMICO TREA 04/15/2008
Electronic Signature of Signing Officer or Director — Date