

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
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:

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
Name: HEDGLON, PAULA DR
Address: 1313 E. SAMPLE RD
City-St-Zip: POMPANO BEACH, FL 33064

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS C. D'AMICO

TREA

01/06/2011

Electronic Signature of Signing Officer or Director

Date