

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90090 016 \*\*\*\*\*61.25

**DOCUMENT # N98000000564**

1. Entity Name

**SOUTHERN CHIROPRACTIC ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**8854 STATE RD 84  
FT. LAUDERDALE FL 33324**

**11008535**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**10946 Pembroke Rd.**

**MIRAMAR, FL.**

**33025**

**WA.**

☐ CHECK HERE IF MAKING CHANGES

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

**DR. JOEL SHOEMAKER**

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

**10946 Pembroke Rd.**

City

**MIRAMAR**

**FL**

Zip Code

**33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joel Shoemaker, D.C.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida 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-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FR-ADDED** ☐ Change ☒ Addition  
NAME **DR. JOEL A. SHOEMAKER**  
STREET ADDRESS **10946 Pembroke Rd**  
CITY-ST-ZIP **MIRAMAR, FL. 33025**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: SIGNATURE REQUIRED**

**4/21/03 954-392-1919**

CR2E037 (10/02)