

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 015 ****61.25

DOCUMENT # **N98000004042**

1. Entity Name

**FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION
INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

990 Bennett Ave

Suite, Apt. #, etc.

UNIT 400

City & State

WINTER PARK, FL.

Zip

32789

Country

USA

3. Mailing Address

990 Bennett Ave

Suite, Apt. #, etc.

UNIT 400

City & State

WINTER PARK

Zip

32789

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3524472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

A. Michael Petker, D.C.

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

990 Bennett Ave UNIT 400

City

WINTER PARK

FL

Zip Code

32789

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

A. Michael Petker, D.C. **A. Michael Petker, D.C.** **4/30/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. 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 NAME STREET ADDRESS CITY - ST - ZIP	FCPA ACTING President Robert Whitney, D.C. DABCC, DABCO 3405 S.W. College Rd UNIT #1 OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Acting I Vice President LAD SANTIAGO, BA, D.C. PMD P.O. Box 755 FAIRFORD, S.C. 29336	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Acting Pres. Elect John Sullivan, D.C. 1111 WINDSWEEP AVE NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Acting Sec./Treas A. Michael Petker, D.C. 220 MASON AVE HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Acting Sec./Treas II JAMIE FLEAGANE, D.C. 2624 Forest Hill, Blvd. WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD EARL BALL, D.C. 4405 Usher Ave Orlando, FL 32822	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A. Michael Petker, D.C. **A. Michael Petker** **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (12/01)