
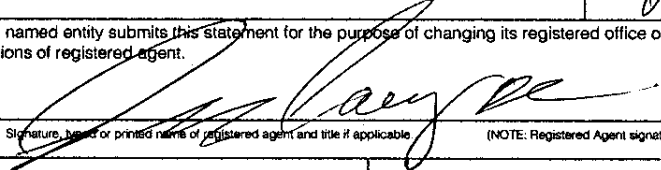
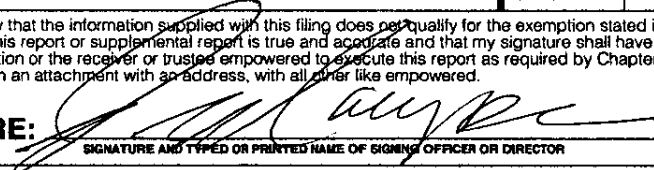


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90050 033 \*\*\*\*61.25

<b>DOCUMENT # N98000004042</b> 1. Entity Name <b>FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1108 LUCERNE TERRACE ORLANDO, FL 32806</b>		Mailing Address <b>1108 LUCERNE TERRACE ORLANDO, FL 32806</b>	
2. Principal Place of Business <b>2300 S. Orange Blossom TR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2300 S. Orange Blossom TR</b> Suite, Apt. #, etc.	
City & State <b>Orlando</b>		City & State <b>Orlando</b>	
Zip <b>32805</b>	Country <b>Orange</b>	Zip <b>32805</b>	Country <b>Orange</b>
4. FEI Number <b>59-3524472</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LACY, ROBERIC A MD 1108 LUCERNE TERRACE ORLANDO, FL 32806</b>		7. Name and Address of New Registered Agent Name <b>Roderic A. Lacy</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 S. Orange Blossom TR.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32805</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) DATE <b>3/30/04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SULLIVAN, JOHN 1111 WINDSWEPT AVENUE NAPLES, FL 34109	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACY, RODERIC A MD 1108 LUCERN TERRACE ORLANDO, FL 32806	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOCOM, PARL DC 954 KAY BLVD COCOA, FL 32927	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANSLEY, ERIN 1108 LUCERN TERRACE ORLANDO, FL 32806	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/30/04</b> Daytime Phone # <b>407-425-2615</b>	