FILED
Jun 11, 2003 8:00 am
Secretary of State

05-23-2003 90152 027 ****61.25

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

5/23

DOCUMENT # N98000004042

1. Entity Name
FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC

55047516

[redacted]

Principal Place of Business	Mailing Address
990 BENNETT AVENUE UNIT 400 WINTER PARK FL 32789	990 BENNETT AVENUE UNIT 400 WINTER PARK FL 32789

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1108 Lucerne Terr.	1108 Lucerne Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number 59-3524472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTER, A MICHAEL DC 990 BENNETT AVENUE UNIT 400 WINTER PARK FL 32789	Name: Roderic A. Lacy, MD, DC. Street Address (P.O. Box Number is Not Acceptable): 1108 Lucerne Terr. City: Orlando FL Zip Code: 32806

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: CEO — 5/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PE / D NAME: SULLIVAN, JOHN STREET ADDRESS: 1111 WINDSWEPT AVENUE CITY-ST-ZIP: NAPLES FL 34109	☐ Delete	TITLE: (D) M NAME: Roderic A. Lacy, MD, DC. STREET ADDRESS: 1108 Lucerne Terr. CITY-ST-ZIP: Orlando FL 32806	☐ Change ☒ Addition
TITLE: ST NAME: PETKER, A MICHAEL STREET ADDRESS: 220 MASON AVENUE CITY-ST-ZIP: HOLLY HILL FL 32117	☒ Delete	TITLE: Paul Yocom, D.C. (D) NAME: 954 Fay. Blvd. STREET ADDRESS: Port St. John, FL 32927 CITY-ST-ZIP:	☐ Change ☒ Addition
TITLE: STM NAME: FLEAGANE, JAMIE STREET ADDRESS: 2624 FOREST HILL BLVD CITY-ST-ZIP: WEST PALM BEACH FL 33406	☒ Delete	TITLE: Secretary/Treasurer (S/T) / D NAME: Erin Ainsley STREET ADDRESS: 1108 Lucerne Terr. CITY-ST-ZIP: Orlando, FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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 REQUIRE Roderic A. Lacy, MD, DC. 407-425-2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 5/21/03 — Daytime Phone #