

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 043 ***150.00

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1. Entity Name

ASSOCIATED CHIROPRACTIC PHYSICIANS, INC.



Principal Place of Business

Mailing Address

551856 US HWY 1
105
HILLIARD FL 32046
US

PO BOX 1678
HILLIARD FL 32046

34046307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3169023

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

KORNACKI, KERRY E
541675 US HWY 1
HILLIARD FL 32046

Name KERRY E. KORNACKI

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

551856 US Hwy 1 Suite 105

City HILLIARD

FL

Zip Code 32046

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME KORNACKI, KERRY
STREET ADDRESS 39883 PROSPECT LNDG RD
CITY-ST-ZIP HILLIARD FL 32046

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

TITLE M ☐ Delete
NAME KORNACKI, DEBRA
STREET ADDRESS 39883 PROSPECT LNDG RD
CITY-ST-ZIP HILLIARD FL 32046

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-845-7400

2-3-04