

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000018955

**1. Entity Name
ASSOCIATED CHIROPRACTIC PHYSICIANS, INC.**



**Principal Place of Business
551856 US HWY 1
105
HILLIARD, FL 32046 US**

**Mailing Address
PO BOX 1678
HILLIARD, FL 32046**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**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

**KORNACKI, KERRY E
551856 US HWY 1
STE. 105
HILLIARD, FL 32046**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

**1100000342034
04/29/05-80040-010 150.00**

10. OFFICERS AND DIRECTORS

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

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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

1-13-2005 904-845-740

Date

Daytime Phone #