

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 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

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

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 restatefing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

110000411466  
02/10/06-80008-021 150.00

**10. OFFICERS AND DIRECTORS**

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

TITLE M  
NAME KORNACKI, DEBRA  
STREET ADDRESS 39883 PROSPECT LNDG RD  
CITY-ST-ZIP 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 exemptions contained in Chapter 119, 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

1-30-06

Date

Overtime Phone #