

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 NOV 13 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

dy 11-15-07

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

0925001 REIN + CR2E098 (1/07) 07

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  
551856 US HWY 1  
STE. 105  
HILLIARD, FL 32046

Name

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

City

FL

Zip Code

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

DR. KERRY E. KORNACKI

9-25-07

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900112236599  
11/13/07--01054--008 \*\*750.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

DEBRA A. KORNACKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-07

Date

904-845-7400

Daytime Phone #

DEBRA A. KORNACKI