

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000814303
02/13/08-80039-001 150.00

**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: *Debra Kornacki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

904-845-7400

Daytime Phone #