

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018955

FILED
Jan 24, 2009
Secretary of State

Entity Name: ASSOCIATED CHIROPRACTIC PHYSICIANS, INC.

Current Principal Place of Business:

551856 US HWY 1
105
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1678
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-3169023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KORNACKI, KERRY
Address: 39883 PROSPECT LNDG RD
City-St-Zip: HILLIARD, FL 32046

Title: M () Delete
Name: KORNACKI, DEBRA
Address: 39883 PROSPECT LNDG RD
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY KORNACKI

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date