

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90164 024 \*\*\*150.00

**DOCUMENT # P93000018955**

1. Entity Name

**ASSOCIATED CHIROPRACTIC PHYSICIANS, INC.**



Principal Place of Business

541675 US HWY 1  
HILLIARD FL 32046  
US

Mailing Address

PO BOX 1678  
HILLIARD FL 32046

2. Principal Place of Business

551856 US Hwy 1  
Suite, Apt. #, etc.  
105

3. Mailing Address

Suite, Apt. #, etc.

City & State

HILLIARD FL

Zip

32046

Country  
USA

Zip

Country

4. FEI Number

59-3169023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KORNACKI, KERRY E  
541675 US HWY 1  
HILLIARD FL 32046

7. Name and Address of New Registered Agent

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

2-3-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KORNACKI, KERRY  
STREET ADDRESS RT 4 BOX 7379  
CITY-ST-ZIP HILLIARD FL 32046

TITLE M ☐ Delete  
NAME KORNACKI, DEBRA  
STREET ADDRESS RT 4 BIX 7379  
CITY-ST-ZIP HILLIARD FL 32046

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 39883 PROSPECT LNDG RD.  
CITY-ST-ZIP HILLIARD, FL 32046

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 39883 PROSPECT LNDG RD.  
CITY-ST-ZIP HILLIARD, FL 32046

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03 904-845-7400

Date

Daytime Phone #

CR2E034 (10/02)