2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058309

1. Entity Name
THOMAS A. KISKA, D.C., P.A.

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90092 002 ***150.00

Principal Place of Business	Mailing Address
440-A THIRD STREET NEPTUNE BEACH FL 32266 US	440-A THIRD STREET SUITE A NEPTUNE BEACH FL 32266 US

A00?1940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3328684 ☐ 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
KISKA, THOMAS A 119 9TH AVENUE SOUTH JACKSONVILLE FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** *May Be Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISKA, THOMAS A D.C. 119 9TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

13. 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 11 or Block 12 if* changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-24-00 904-249-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Advanced Medical Chiropractic Centers
Thomas A. Kiska, D.C., P.A.
440 Third Street • Suite A • Neptune Beach, Florida 32266
(904) 249-5999 Fax (904) 249-1768

Attachment #1950000058309
A0071945

To whom it may concern,

I originally sent this form with a $150. check in late April of 2000. I can only assume that it got lost in the mail or at the recieving end since on review the check has never been cashed. Please accept this check as a replacement for check #3120 I wrote in April of this year. I will send these documents certified in the future to avoid any further confusion. Your anticipated cooperation is greatly appreciated.

Sincerely,

Thomas A. Kiska D.C.

Thomas A. Kiska