

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90132 032 ***158.75

DOCUMENT # P98000096446
 1. Entity Name
BEACHSIDE CHIROPRACTIC LIFE CLINIC, P.A.

Principal Place of Business 839 BARTON BLVD. ROCKLEDGE FL 32955	Mailing Address 839 BARTON BLVD. ROCKLEDGE FL 32955-3127
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00016010

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3544003	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FOGARTY, KEVIN G D.C.
 839 BARTON BLVD.
 ROCKLEDGE FL 32955**

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.

SIGNATURE _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGARTY, KEVIN G D.C. 839 BARTON BLVD. ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin G Fogarty* **FOGARTY, KEVIN G** *Kevin G Fogarty* **1/30/00** **327 6360**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #