

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0123618 AV

DOCUMENT # **P98000096446**

1. Entity Name
BEACHSIDE CHIROPRACTIC LIFE CLINIC, P.A.

02-11-2002 90135 036 ***158.75

Principal Place of Business 839 BARTON BLVD. ROCKLEDGE FL 32955	Mailing Address 839 BARTON BLVD. ROCKLEDGE FL 32955
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3544003	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOGARTY, KEVIN G D.C.
 839 BARTON BLVD.
 ROCKLEDGE FL 32955**

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 _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Kevin Fogarty 1-21-02 321-636-5200
Date Daytime Phone #

CR2E034 (9/01)