2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90045 016 ***150.00

DOCUMENT # P99000111369

1. Entity Name
~~KIDGELL CHIROPRACTIC, INC.~~ AMENDED TO "ADVANCED CHIROPRACTIC" 3/2000

Principal Place of Business	Mailing Address
4836 14TH ST. WEST BRADENTON FL 34207	P.O. BOX 314 TERRA CEIA FL 34250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: ~~4603~~ 3126 53rd Avenue E.
Suite, Apt. #, etc.:
City & State: Bradenton, FL
Zip: 34203
Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. FEI Number: 65-0958819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIDGELL, KRISTIN DR.
4836 14TH ST. WEST
BRADENTON FL 34207

3126

7. Name and Address of New Registered Agent

Name: Dr. KRISTIN KIDGELL
Street Address (P.O. Box Number is Not Acceptable): ~~4603~~ 53rd AVE. EAST
City: Bradenton **FL** Zip Code: 34203

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: Dr. Kristin M Kidgell PRESIDENT 3/16/00
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 $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 Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE PRESIDENT DELLOR C. HANSON PO BOX 276 Terra Ceia, FL 34250~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dellor HANSON, C.A. PO BOX 276 TERRA CEIA, FL 34250 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Kristin M. Kidgell DC 3/16/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)