

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002156

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

**Current Principal Place of Business:**

10225 ULMERTON RD., STE 3A  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7515  
SEMINOLE, FL 337757515 US

**New Mailing Address:**

FEI Number: 59-3188152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMEY, JENNIFER  
10225 ULMERTON RD., STE 3A  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENNETT, REGINA  
Address: 1893 DREW ST  
City-St-Zip: CLEARWATER, FL 33765

Title: S  
Name: SMURTHWAITE, MARCY  
Address: 12855 S BELCHER RD., #1  
City-St-Zip: LARGO, FL 33773

Title: D  
Name: LIPKIN, MARK  
Address: 3211 TAMPA RD  
City-St-Zip: PALM HARBOR, FL 34684

Title: T  
Name: HUGHES, TOM  
Address: 510 PASADENA AVE S.  
City-St-Zip: ST PETERSBURG, FL 33707

Title: D  
Name: COMEY, AL  
Address: 10225 ULMERTON RD., STE 3A  
City-St-Zip: LARGO, FL 33771 US

Title: D  
Name: ROBERTS, MICHAEL  
Address: 2001 WEST BAY DR  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM. HUGHES

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date