

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000080871 1. Entity Name SIMPSON CHIROPRACTIC PAIN AND WELLNESS CENTER, P.A.	
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Principal Place of Business 746 SOUTH FEDERAL HWY "A" STUART, FL 34994	Mailing Address 746 SOUTH FEDERAL HWY "A" STUART, FL 34994
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DO NOT WRITE IN THIS SPACE

FILED

05 SEP 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066859



09092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1132786	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

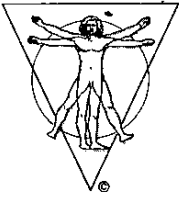
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, CHARLES A DC 746 SOUTH FEDERAL HWY, "A" STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, MELINDA C 746 SOUTH FEDERAL HWY, "A" STUART, FL 34994
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09/20/05--01045--011 **150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda C. Simpson **9.9.05** **(772) 463-2344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

Simpson Chiropractic

Pain & Wellness Center, P.A.

"GENTLE LASTING PAIN RELIEF IS OUR SPECIALTY"

50066859
P01600080871

A Team Approach To Pain Relief:

- Chiropractic, P.T., Rehabilitation, Multi-Professional Referrals

Advance FAST Relief for:

- Neck or Back Pain
- Muscle or Joint Pain
- Auto Accidents
- Work Injuries
- Headaches
- Arm or Shoulder Pain/Numbness
- TMJ
- Leg or Foot Pain
- Disc Injuries
- Arthritis Management

For Your Care & Convenience:

- New Patients Seen Same Day
- Insurance Accepted & Filed

To whom It May Concern,

I am writing this letter because I did not receive the info./form in the mail. My Accountant call today and she was the one to inform me that we did not pay the annual fee. I am enclosing the \$150.00 fee. If there is a problem please do not hesitate to contact me @ (772) 463. 2344. Thank-you in advance!!

Melinda C. Simpson