

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080871

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** SIMPSON CHIROPRACTIC PAIN AND WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

104 SE LONITA STREET  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

104 SE LONITA STREET  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-1132786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

SIMPSON, MELINDA C  
104 S.E. LONITA STREET  
STUART, FL 34994 US

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: MELINDA C SIMPSON

03/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIMPSON, CHARLES A DC  
Address: 536 SW ST LUCIE CRESCENT  
City-St-Zip: STUART, FL 34994

Title: D  
Name: SIMPSON, MELINDA C  
Address: 104 S.E. LONITA STREET  
City-St-Zip: STUART, FL 34994

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELINDA C SIMPSON

VP

03/29/2010

Electronic Signature of Signing Officer or Director

Date