

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **P01000080871**

1. Entity Name

**Simpson Chiropractic Pain & Wellness Center, P.A.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**746 S. Federal Hwy.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**A**

Suite, Apt. #, etc.

City & State  
**Stuart, FL**

City & State

Zip  
**34994**

Country  
**US**

Zip

Country

4. FEI Number  
**65-1132786**

Applied For  
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent  
**Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Director  
Charles A. Simpson, D.C.  
746 A S. Federal Hwy  
Stuart FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Director  
Melinda C. Simpson  
746 A S. Federal Hwy  
Stuart FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

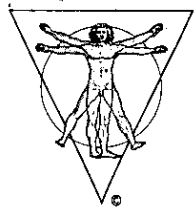
Date

Daytime Phone #

**10-302 772-463-2344**

CR2E034B (12/01)

12/30/02  
ad



# Simpson Chiropractic

Pain & Wellness Center, P.A.

"GENTLE LASTING PAIN RELIEF IS OUR SPECIALTY"

*Page 2*

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## A Team Approach To Pain Relief:

- Chiropractic, PT, 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

October 3, 2002

Uniform Business Report  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE:UBR

To Whom It May Concern,

I am writing this letter because we never received the UBR paper work we needed to fill out before May 1. Our C.P.A. brought it to our attention this week that we have to have this paper work filled out. I called your office and the paper work was sent to the wrong address. We downloaded the forms from the internet and filled them out. We have included a check for \$150.00. If you have any questions or concerns please feel free to contact me at 772-463-2344.

Sincerely,

*Melinda C. Simpson*  
Melinda C. Simpson