

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002156

**FILED**  
**Apr 14, 2013**  
**Secretary of State**  
**CC2162130410**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 7515  
SEMINOLE, FL 33775-7515 US

**FEI Number:** 59-3188152

**Certificate of Status Desired:** No

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

COMEY, JENNIFER  
10225 ULMERTON RD., STE 3A  
LARGO, FL 33771 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title PRESIDENT  
Name WYCKOFF, STEVE  
Address 3348 TYRONE BLVD.  
City-State-Zip: ST. PETERSBURG FL 33710

*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

**TREASURER**

**04/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date