

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080871

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

Current Principal Place of Business:

104 SE LONITA STREET
STUART, FL 34994

Current Mailing Address:

104 SE LONITA STREET
STUART, FL 34994

FEI Number: 65-1132786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMPSON, CHARLES A
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SIMPSON, CHARLES ADC
Address 536 SW ST LUCIE CRESCENT
City-State-Zip: STUART FL 34994

Title D
Name VALKO, STEPHANIE A
Address 104 S.E. LONITA STREET
City-State-Zip: STUART FL 34994

Title OFFICER
Name ALBERT , SAMANTHA
Address 104 SE LONITA STREET
City-State-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: STEPHANIE A VALKO

D

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date