

**2016 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 MUSCANERA, 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 MUSCANERA

D

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date