

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F16766**

1. Entity Name  
THEODORE SIMON, D.C., P.A.



Principal Place of Business

% THEODORE SIMON  
2423 BEE RIDGE ROAD  
SARASOTA, FL 34239

Mailing Address

% THEODORE SIMON  
2423 BEE RIDGE ROAD  
SARASOTA, FL 34239

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2069522

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SIMON, THEODORE  
2423 BEE RIDGE ROAD  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
SIMON, THEODORE  
2423 BEE RIDGE ROAD  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000182754  
01/19/05-80041-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Theodore Simon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05

841 821 6652  
Daytime Phone #