# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 26, 2009**
**Secretary of State**

DOCUMENT# F16766

**Entity Name:** THEODORE SIMON, D.C., P.A.

**Current Principal Place of Business:**

% THEODORE SIMON
2423 BEE RIDGE ROAD
SARASOTA, FL 34239

**New Principal Place of Business:**

DR THEODORE SIMON
2423 BEE RIDGE ROAD
SARASOTA, FL 34239

**Current Mailing Address:**

% THEODORE SIMON
2423 BEE RIDGE ROAD
SARASOTA, FL 34239

**New Mailing Address:**

DR THEODORE SIMON
2423 BEE RIDGE ROAD
SARASOTA, FL 34239

**FEI Number: 59-2069522** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SIMON, THEODORE
2423 BEE RIDGE ROAD
SARASOTA, FL 34239 US

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

SIMON D.C.,P.A., THEODORE
2423 BEE RIDGE ROAD
SARASOTA, FL 34239 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: THEODORE SIMON D.C., P.A 06/26/2009
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: SIMON, THEODORE
Address: 2423 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. THEODORE SIMON D.C., P. A. PRES 06/26/2009
Electronic Signature of Signing Officer or Director Date