

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000080871	
1. Entity Name SIMPSON CHIROPRACTIC PAIN AND WELLNESS CENTER, P.A.	

FILED
07 SEP 24 AM 8:34
TALLAHASSEE, FLORIDA

Principal Place of Business 104 SE LONITA STREET STUART, FL 34994	Mailing Address 104 SE LONITA STREET STUART, FL 34994
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number 65-1132786	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 obligation of, the registered agent.

SIGNATURE *Melinda C. Simpson* DATE 9.17.07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SIMPSON, CHARLES A DC 508-A SW CALIFORNIA AVE. STUART, FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 536 S.W. St. Lucie Crescent Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SIMPSON, MELINDA C 508-A SW CALIFORNIA AVE. STUART, FL 34994 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 563 S.W. St. Lucie Crescent Stuart, FL 34994
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>\$79/26</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	800109825708 ☐ Change ☐ Addition 09/24/07--01047--023 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 entries.

SIGNATURE: *Melinda C. Simpson* DATE 9.17.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR