2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P01000080871

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

Current Principal Place of Business:

104 SE LONITA STREET
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

104 SE LONITA STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1132786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, MELINDA C
104 S.E. LONITA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: SIMPSON, CHARLES A DC
Address: 536 SW ST LUCIE CRESCENT
City-St-Zip: STUART, FL 34994

Title: D
Name: SIMPSON, MELINDA C
Address: 104 S.E. LONITA STREET
City-St-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: MELINDA SIMPSON D 04/13/2011

Electronic Signature of Signing Officer or Director Date