

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **P01000080871**

1. Entity Name

Simpson Chiropractic Pain & Wellness Center, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
746 S. Federal Hwy.

3. Mailing Address
same

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State

Zip
34994

Country
US

Zip

Country

4. FEI Number
65-1132786

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Director
Charles A. Simpson, D.C.
746 A S. Federal Hwy
Stuart FL 34994**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Director
Melinda C. Simpson
746 A S. Federal Hwy
Stuart FL 34994**

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

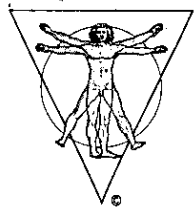
Date

Daytime Phone #

10-302 772-463-2344

CR2E034B (12/01)

12/30/02
ad



Simpson Chiropractic

Pain & Wellness Center, P.A.

"GENTLE LASTING PAIN RELIEF IS OUR SPECIALTY"

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7002 0860 0007 4011 7151

A Team Approach To Pain Relief:

- Chiropractic, PT, Rehabilitation, Multi-Professional Referrals

Advance FAST Relief for:

- Neck or Back Pain
- Muscle or Joint Pain
- Auto Accidents
- Work Injuries
- Headaches
- Arm or Shoulder Pain/ Numbness
- TMJ
- Leg or Foot Pain
- Disc Injuries
- Arthritis Management

For Your Care & Convenience:

- New Patients Seen Same Day
- Insurance Accepted & Filed

October 3, 2002

Uniform Business Report

Divisions of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

RE:UBR

To Whom It May Concern,

I am writing this letter because we never received the UBR paper work we needed to fill out before May 1. Our C.P.A. brought it to our attention this week that we have to have this paper work filled out. I called your office and the paper work was sent to the wrong address. We downloaded the forms from the internet and filled them out. We have included a check for \$150.00. If you have any questions or concerns please feel free to contact me at 772-463-2344.

Sincerely,

Melinda C. Simpson

Melinda C. Simpson