

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90116 002 ***150.00

0117635 AV

DOCUMENT # P01000080871

1. Entity Name

**SIMPSON CHIROPRACTIC PAIN AND WELLNESS CENTER, P
.A.**



Principal Place of Business

**746 SOUTH FEDERAL HWY
"A"
STUART FL 34994**

Mailing Address

**746 SOUTH FEDERAL HWY
"A"
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1132786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SIMPSON, CHARLES A DC**
STREET ADDRESS **746 SOUTH FEDERAL HWY, "A"**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
NAME **SIMPSON, MELINDA C**
STREET ADDRESS **746 SOUTH FEDERAL HWY, "A"**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

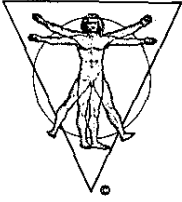
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

Melinda C Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-03 (772) 463-8344
Date Daytime Phone #

CR2E034 (4/03)



Attachment

Simpson Chiropractic

Pain & Wellness Center, P.A.

"GENTLE LASTING PAIN RELIEF IS OUR SPECIALTY"

80144649
PD1000080871

7003 0500 0003 8492 9653

A Team Approach To Pain Relief:

- Chiropractic, P.T., 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

August 26, 2003

DIVISION OF CORPORATIONS
U.B.R.

P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

To Whom It May Concern,

I am writing this letter because we never received the 2003 U.B.R. until last month and it states that the re is a fee is of \$500.00. I am requesting that this fee be waived and that I can pay the original \$150.00. If our office was sent this report I assure you that we would have paid it on time. I have included a check for \$150.00. If you have any questions please feel free to contact me @ (772)463-2344. Thank-you in advance.

Sincerely,

Melinda C. Simpson

Melinda C. Simpson