

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050970

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SIMPSON PAIN & INJURY CLINIC, INC.

## Current Principal Place of Business:

1195 NORTH MILITARY TRAIL, STE. 5  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

1195 NORTH MILITARY TRAIL  
SUITE # 5  
WEST PALM BEACH, FL 33409 US

## Current Mailing Address:

1195 NORTH MILITARY TRAIL, STE. 5  
WEST PALM BEACH, FL 33409

## New Mailing Address:

1195 NORTH MILITARY TRAIL  
SUITE # 5  
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0926123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FERGUSON, DARL D  
2000 NORTH CONGRESS AVE., #208  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

FERGUSON, DARL D  
2000 NORTH CONGRESS AVE.  
SUITE # 208  
WEST PALM BEACH, FL 33409 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: DARL D FERGUSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SIMPSON, SHAWN DR.  
Address: 5913 SNOWDROP WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SIMPSON, SHAWN D DR.  
Address: 4560 BLUE PINE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the 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. SHAWN D SIMPSON

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date