

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90022 001 ***150.00

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01122005 Chg-P CR2E034 (10/03)

DOCUMENT # V11403A 1. Entity Name SIMMONS CHIROPRACTIC, P.A.						
Principal Place of Business 5012 301 BOULEVARD EAST SUITE 6 BRADENTON, FL			Mailing Address 5012 301 BOULEVARD EAST SUITE 6 BRADENTON, FL			
2. Principal Place of Business 5266 Office Park Blvd Suite, Apt. #, etc. Ste 201		3. Mailing Address 5266 Office Park Blvd Suite, Apt. #, etc. Ste 201				
City & State Bradenton, FL		City & State Bradenton, FL		4. FEI Number 65-0318428		
Zip 34203		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SIMMONS, JOHN P 5012 301 BLVD. E. #6 BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 5266 Office Park Blvd Ste 201 City Bradenton FL Zip Code 34203			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JOHN P. 5012 301 BOULEVARD E. #6 BRADENTON, FL		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simmons, John P. 5266 Office Park Blvd Ste 201 Bradenton, FL 34203	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			<input type="checkbox"/> Delete			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 1-12-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						