

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093999

FILED
Apr 30, 2008
Secretary of State

Entity Name: PRIME CHIROPRACTIC AND REHAB CLINIC INC.

Current Principal Place of Business:

18250 NW 2ND AVENUE SUITE 100
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

18250 NW 2ND AVENUE SUITE 100
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 71-1031675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPELAND, DIANE
1546 NE 165 TH ST
ORLANDO, FL 33162 US

Name and Address of New Registered Agent:

COPELAND, DIANE
18250 N.W. 2ND
SUITE 100
MIAMI GARDENS, FL 33169 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: DIANE COPELAND

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COPELAND, DIANE
Address: 1546 N.E. 165TH ST
City-St-Zip: N MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: COPELAND, DIANE
Address: 1546 N E 165TH ST
City-St-Zip: ORLANDO, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COPELAND, DIANE
Address: 18250 N.W. 2ND
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP (X) Change () Addition
Name: COPELAND, DIANE
Address: 18250 N.W. 2ND
City-St-Zip: MIAMI GARDENS, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify 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: DIANE COPELAND

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date