

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41244

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC4314806874**

**Entity Name:** PGA CHIROPRACTIC HEALTH CENTER, P.A.

**Current Principal Place of Business:**

10800 N MILITARY TR  
SUITE 111  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

10800 N MILITARY TR  
SUITE 111  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-0177767

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CIMA, JAMES PAUL DR.  
10800 N MILITARY TRL., STE 111  
SUITE 111  
PALM BEACH GARDENS, FL 33410 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:** JAMES PAUL CIMA

01/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name CIMA, JAMES PAUL DR.  
Address 10800 N MILITARY TR  
SUITE 111  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D  
Name CIMA, JAMES PAUL  
Address 10800 N MILITARY TR  
SUITE 111  
City-State-Zip: PALM BEACH GARDENS FL 33410

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREW THAW

PRES

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date