

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093999

**Entity Name:** PRIME CHIROPRACTIC AND REHAB CLINIC INC.

**Current Principal Place of Business:**

13233 MILITARY TRAIL  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

P.O.BOX 2928  
PALM BEACH, FL 33480

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COPELAND, DIANE  
5690 WINDHOVER DR  
ORLANDO, FL 32819 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	COPELAND, DIANE	Name	COPELAND, DIANE
Address	5690 WINDHOVER DR	Address	5690 WINDHOVER DR
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 33169

*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:** DIANE COPELAND

**PRES**

**02/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date