


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 507039 1. Entity Name PRIME CARE CHIROPRACTIC CENTERS, P.A.	
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Principal Place of Business 1400 HAVENDALE BLVD. WINTER HAVEN, FL 33881	Mailing Address 1400 HAVENDALE BLVD. WINTER HAVEN, FL 33881
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04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1680638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSEN, DAVID R
1400 HAVENDALE BLVD
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000712610
04/26/07-80054-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSEN, DAVID 2427 WILDWOOD CT WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 863 294 3109
 Date Daytime Phone #