


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 507039 1. Entity Name PRIME CARE CHIROPRACTIC CENTERS, P.A.	
---	---

Principal Place of Business 1400 HAVENDALE BLVD. WINTER HAVEN, FL 33881	Mailing Address 1400 HAVENDALE BLVD. WINTER HAVEN, FL 33881
---	---

DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000935410 02/29/08-80031-017 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSEN, DAVID 2427 WILDWOOD CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **2/21/2008 8532943109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #