# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2012**
**Secretary of State**

DOCUMENT# 507039

**Entity Name:** PRIME CARE CHIROPRACTIC CENTERS, P.A.

**Current Principal Place of Business:**

1400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number: 59-1680638** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

THOMSEN, DAVID R
1400 HAVENDALE BLVD
WINTER HAVEN, FL 33881 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: _____ 02/15/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD
Name: THOMSEN, DAVID
Address: 2427 WILDWOOD CT
City-St-Zip: WINTER HAVEN, FL 33884

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: DAVID R THOMSEN PRES 02/15/2012
Electronic Signature of Signing Officer or Director Date