2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093999

Entity Name: PRIME CHIROPRACTIC AND REHAB CLINIC INC.

Current Principal Place of Business:	**New Principal Place of Business:**
18250 NW 2ND AVENUE SUITE 100 MIAMI GARDENS, FL 33169	18250 NW 2ND AVENUE SUITE 100 SUITE 100 MIAMI GARDENS, FL 33169
Current Mailing Address:	**New Mailing Address:**
18250 NW 2ND AVENUE SUITE 100 MIAMI GARDENS, FL 33169	18250 NW 2ND AVENUE SUITE 100 SUITE 100 MIAMI GARDENS, FL 33169

FEI Number: **FEI Number Applied For ( )**   **FEI Number Not Applicable (X)**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COPELAND, DIANE 18250 N.W.2ND SUITE 100 MIAMI GARDENS, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES
Title: P ( ) Delete Name: COPELAND, DIANE Address: 18250 N.W. 2ND City-St-Zip: MIAMI GARDENS, FL 33169 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: VP ( ) Delete Name: COPELAND, DIANE Address: 18250 N.W. 2ND City-St-Zip: MIAMI GARDENS, FL 33169 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE COPELAND   P   04/30/2009

             Electronic Signature of Signing Officer or Director   Date