

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000121050

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FIRST CHOICE CARE CHIROPRACTIC & REHABILITATION CENTER,INC

**Current Principal Place of Business:**

1080 HAVENDALE BLVD NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 618758  
ORLANDO, FL 33861

**New Mailing Address:**

**FEI Number:** 20-4898256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, DIANE  
13233 MILITARY TRAIL  
DELRAY BEACH, FL 33446 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COPELAND, DIANE  
Address: 13233 MILITARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33446

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

PD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date