

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507039

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

Current Principal Place of Business:

1400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

Current Mailing Address:

1400 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

FEI Number: 59-1680638

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name THOMSEN, DAVID
Address 2427 WILDWOOD CT
City-State-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

03/02/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date