

**2014 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

**PRESIDENT**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date