#### 2013 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

# 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

## Officer/Director Detail :

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

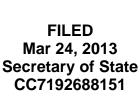
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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

03/24/2013 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date