

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093999

Entity Name: PRIME CHIROPRACTIC AND REHAB CLINIC INC.

Current Principal Place of Business:

13233 MILITARY TRAIL
DELRAY BEACH, FL 33446

Current Mailing Address:

P.O.BOX 2928
PALM BEACH, FL 33480

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPELAND, DIANE
5690 WINDHOVER DR
ORLANDO, FL 32819 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	P	Title	VP
Name	COPELAND, DIANE	Name	COPELAND, DIANE
Address	5690 WINDHOVER DR	Address	5690 WINDHOVER DR
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 33169

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

PRES

02/28/2013

Electronic Signature of Signing Officer/Director Detail

Date