2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DÜĞÜMENT # F89587 05-27-2002 90417 028 ***150.00 1. Entity Name JAMES P. CIMA, D.C., P.A. Principal Place of Business Mailing Address 3300 P.G.A 8LVD 3300 P.G.A BLVD PALM BCH GDN FL 33410 PALM BCH GDN FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2207034 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIMA, JAMES P., DR. Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD PALM BEACH GARDENS FL 33410-9811 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when rainstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filling requirement and elects to do so. (Sec. (Sria on back) 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE (9/01) ☐ Addition CIMA, JAMES P NAME NAME 3300 P.G.A BLVD STREET ADDRESS STREET ADDRESS CR2E034 PALM BCH GDN FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Channe ☐ Addition NAME STREET AS JESS STREET ADDRESS CITY-ST-ZAP CITY-ST-ZIP TITLE D Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

required

SIGNATURE:

FILED