


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90019 044 ***150.00

DOCUMENT # F89587

1. Entity Name
JAMES P. CIMA, D.C., P.A.



Principal Place of Business Mailing Address

3300 P.G.A BLVD *we moved* **3300 P.G.A BLVD**
SUITE 600 **SUITE 600**
PALM BCH GDN FL 33410 **PALM BCH GDN FL 33410**

↓



2. Principal Place of Business 3. Mailing Address

3345 Burns Road *same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

306 ↓

1st MOORE CR2E034 (10/05)

City & State City & State

Palm Beach Gdns ↓

Zip Country Zip Country

33410 **Palm Beach** ↓

4. FEI Number Applied For

59-2207034 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIMA, JAMES P., DR.
~~**3300 P.G.A BLVD**~~ **3345 Burns Road**
~~**SUITE 600**~~ **306**
PALM BEACH GARDENS FL 33410-9811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR	<input type="checkbox"/> Delete
NAME	CIMA, JAMES P, D.C.	
STREET ADDRESS	3300 P.G.A BLVD 3345 Burns Road, ste 306	
CITY-ST-ZIP	PALM BCH GDN FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Cima* **GLORIA CIMA** *2/27/06* *561-627-3810*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #