

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89587

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

3345 BURNS RD
SUITE 306
PALM BCH GDN, FL 33410

New Principal Place of Business:

Current Mailing Address:

3345 BURNS ROAD
SUITE 306
PALM BCH GDN, FL 33410

New Mailing Address:

3345 BURNS RD
SUITE 306
PALM BCH GDN, FL 33410

FEI Number: 59-2207034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIMA, JAMES P., DR.
3345 BURNS ROAD
SUITE 306
PALM BEACH GARDENS, FL 334109811 US

Name and Address of New Registered Agent:

CIMA, JAMES P PRES
3345 BURNS ROAD
SUITE 306
PALM BEACH GARDENS, FL 33410 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: DR. JAMES P. CIMA

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: CIMA, JAMES P, D.C
Address: 3345 BURNS RD STE 306
City-St-Zip: PALM BCH GDN, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CIMA, JAMES P PRES
Address: 3345 BURNS RD STE 306
City-St-Zip: PALM BCH GDN, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. JAMES P. CIMA

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date