2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133488

City-St-Zip: MARGATE, FL 33063

Entity Name: LIMA THERAPY GROUP OF BROWARD, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5651 N W STE A	29TH STREE	Т			
	E, FL 33063				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5651 N W STE A	29TH STREE	Т			
	E, FL 33063				
FEI Number	: 74-3195877	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE A MARGATE The above	29TH STREET E, FL 33063 L	JS	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (LIMA, GENY 5651A NW 29T MARGATE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VS (LIMA, KRISTIN		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: KRISTIN LIMA VS 03/30/2009