

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133488

FILED
Mar 29, 2010
Secretary of State

Entity Name: LIMA THERAPY GROUP OF BROWARD, INC.

Current Principal Place of Business:

5489 WILES RD, STE 304
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5489 WILES RD, STE 304
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 74-3195877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, KRISTIN
5651 NW 29TH STREET
SUITE A
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

LIMA, KRISTIN
5489 WILES RD
SUITE 304
COCONUT CREEK, FL 33073 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

03/29/2010

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD
Name: LIMA, GENY
Address: 5489 WILES RD, STE 304
City-St-Zip: COCONUT CREEK, FL 33073

Title: VS
Name: LIMA, KRISTIN
Address: 5489 WILES RD, STE 304
City-St-Zip: COCONUT CREEK, FL 33073

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: KRISTIN LIMA

Electronic Signature of Signing Officer or Director

VP

03/29/2010

Date