

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000096640

**Entity Name:** CIMA HEALTH LLC

**Current Principal Place of Business:**

3345 BURNS ROAD  
SUITE 306  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3345 BURNS ROAD  
SUITE 306  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 47-4221029

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CIMA, JAMES P  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CIMA HEALTH AND WELLNESS INC.  
Address 3345 BURNS ROAD #306  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR  
Name PALM BEACH CHIROPRACTIC, P.A.  
Address 3345 BURNS ROAD #306  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIE

VP

04/30/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date