

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

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

we moved
↓

Mailing Address

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



2. Principal Place of Business

3345 Burns Road

Suite, Apt. #, etc.

306

City & State

Palm Beach Gdns

Zip

33410

Country

Palm Beach

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2207034

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CIMA, JAMES P., DR.

~~3300 P.G.A BLVD~~

~~SUITE 600~~

3345 Burns Road
PALM BEACH GARDENS FL 33410-9811

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

Signature: typewritten or printed name of registered agent and title if applicable

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE .. DR ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 561-627-3810
Date Daytime Phone #