


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 049 ***150.00

DOCUMENT # P00000065380 1. Entity Name JOSEPHINE LIM, M.D., P.A.					
Principal Place of Business 2404 LAKE LAND HILLS LAKE LAND, FL 33805			Mailing Address 2404 LAKE LAND HILLS LAKE LAND, FL 33805		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3660514	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LIM, MD, JOSEPHINE B 1030 HIDDEN COURT LAKE LAND, FL 33809				7. Name and Address of New Registered Agent Name LIM MD, JOSEPHINE B Street Address (P.O. Box Number is Not Acceptable) 2404 LAKE LAND HILLS BLVD City LAKE LAND FL Zip Code 33805	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTU LIM, JOSEPHINE B 1030 HIDDEN COURT LAKE LAND, FL 33809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	LIM, JOSEPHINE B 2404 LAKE LAND HILLS BLVD LAKE LAND, FL 33805	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>JOSEPHINE B. LIM</u> 2/10/07 (863) 8028440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					