

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000147867

Entity Name: LYMPHATX, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1001 N.W. 13TH STREET  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1001 N.W. 13TH STREET  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-3736630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COHEN, PAMELA  
1001 N.W. 13TH STREET  
BOCA RATON, FL 33486 US

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

COHEN, PAMELA F  
1001 N.W. 13TH STREET  
BOCA RATON, FL 33486 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: PAMELA F. COHEN

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: COHEN, PAMELA F  
Address: 1001 N.W. 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486

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: PAMELA F. COHEN

P

01/10/2011

Electronic Signature of Signing Officer or Director

Date