

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133492

**FILED**  
**Mar 14, 2008**  
**Secretary of State**

**Entity Name:** LIMA THERAPY GROUP OF PALM BEACH, INC.

**Current Principal Place of Business:**

6182 NW 66TH AVENUE  
PARKLAND, FL 33067

**New Principal Place of Business:**

5651A NW 29TH ST  
MARGATE, FL 33063

**Current Mailing Address:**

6182 NW 66TH AVENUE  
PARKLAND, FL 33067

**New Mailing Address:**

5651A NW 29TH ST  
MARGATE, FL 33063

**FEI Number:** 74-3195879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIMA, KRISTIN  
6182 NW 66TH AVENUE  
PARKLAND, FL 33067 US

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

LIMA, KRISTIN  
5651A NW 29TH ST  
MARGATE, FL 33063 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: KRISTIN LIMA

03/14/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LIMA, GENY  
Address: 5651A NW 29TH ST  
City-St-Zip: MARGATE, FL 33063

Title: VT ( ) Delete  
Name: LIMA, KRISTIN  
Address: 5651A NW 29TH ST  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTIN LIMA

VT

03/14/2008

Electronic Signature of Signing Officer or Director

Date