

FILED
Mar 14, 2008 8:00 am
Secretary of State

01-18-2008 90007 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07000059769	
1. Entity Name	
LIMA MEDICAL SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 52 NE 204 ST UNIT K29 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33179	Country	Zip	Country

66003924

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0257780		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANACLETO B LIMA
Street Address (P.O. Box Number is Not Acceptable)
52 NE 204 ST UNIT K29

City
N MIAMI BEACH **FL** **Zip Code**
33179

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 *B Lima* **ANACLETO B LIMA** **1/14/2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIMA, ANACLETO B 52 NE 204 ST UNIT K29 N MIAMI BEACH 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *B Lima* **ANACLETO B LIMA, PRESIDENT** **1/14/2008** **(786) 271-5105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #