

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000018997

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** LYMPHEDEMA INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

1701 NW 82ND AVE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 277510  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**FEI Number:** 65-0477714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, RENEE  
1701 NW 82ND AVE  
MIAMI, FL 33126 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ROMERO, RENEE  
**Address:** 1701 NW 82ND AVE  
**City-St-Zip:** MIAMI, FL 33126

**Title:** VP  
**Name:** ROMERO, PEDRO A  
**Address:** 1701 NW 82ND AVE  
**City-St-Zip:** MIAMI, FL 33126

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:** RENEE ROMERO

D

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date