

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075350

Entity Name: LIMA THERAPY GROUP, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

6182 NW 66 AVE
PARKLAND, FL 33067

New Principal Place of Business:

5651A NW 29TH ST
MARGATE, FL 33063

Current Mailing Address:

6182 NW 66 AVE
PARKLAND, FL 33067

New Mailing Address:

5651A NW 29TH ST
MARGATE, FL 33063

FEI Number: 65-0863189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, GENY
6182 N.W. 66 AVE
PARKLAND, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIMA, GENY
Address: 6182 NW 66 AVE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

MGR

06/30/2005

Electronic Signature of Signing Officer or Director

Date