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: DR. JAMES K.S. KIM

Electronic Signature of Signing Officer/Director Detail

OWNER

02/17/2014

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Р	Title	т
Name	KIM, JAMES K	Name	LOCKEY, PETER CPA
Address	4701 EAGLESHAM DRIVE	Address	1500 PROVIDENCE HWY.
City-State-Zip:	ORLANDO FL 32826	City-State-Zip:	NORWOOD MA 02062
Title	S		
Name	KIM, YOUNG K		
Address	4701 EAGLEHAM DRIVE		
City-State-Zip:	ORLANDO FL 32826		

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P99000062805

Entity Name: KIM CONSULTING AND THERAPIES, INCORPORATED

Current Principal Place of Business:

BAY PROF. BLDG., SUITE 102-B 2061 BAY PALM ROAD PALM BAY, FL 32905

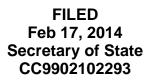
Current Mailing Address:

4701 EAGLESHAM DRIVE ORLANDO, FL 32826

FEI Number: 05-0352090

Name and Address of Current Registered Agent:

KIM, JAMES K 4701 EAGLESHAM DRIVE ORLANDO, FL 32826 US



Date

Date