

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41948

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** ROSENDO V. DE POSADA MEDICAL OFFICE, CORP.

**Current Principal Place of Business:**

615 SW 57 AVE.  
MIAMI, FL 331443970

**New Principal Place of Business:**

**Current Mailing Address:**

615 SW 57 AVE.  
MIAMI, FL 331443970

**New Mailing Address:**

**FEI Number:** 59-2586503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE POSADA, ROSENDO VALDES  
9800 SW 104TH ST  
MIAMI, FL 33175 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: PTD  
Name: DE POSADA, ROSENDO VALDES  
Address: 9800 SW 104TH ST  
City-St-Zip: MIAMI, FL 33176

Title: SD  
Name: DE POSADA, ILIANA VALDES  
Address: 9800 SW 104TH ST  
City-St-Zip: MIAMI, FL 33176

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: R VALDES DE POSADA

D

02/08/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date