# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 02, 2012**
**Secretary of State**

DOCUMENT# N95000005588

**Entity Name:** DR. RAFAEL A. PENALVER CLINIC, INC.

**Current Principal Place of Business:**

971 N.W.2ND STREET
MIAMI, FL 33128

**New Principal Place of Business:**

**Current Mailing Address:**

971 N.W.2ND STREET
MIAMI, FL 33128

**New Mailing Address:**

**FEI Number: 65-0661761** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ALVAREZ, BORIS
971 N.W. 2ND STREET
MIAMI, FL 33128 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: CD
Name: MORSE, LUIS C
Address: 1246 SW 15 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: PD
Name: ALEGRE, CLAUDIO
Address: 15144 SW 17 LN
City-St-Zip: MIAMI, FL 33185

Title: VPD
Name: MACIAS, EDGARD
Address: 2036 SW 12 STREET
City-St-Zip: MIAMI, FL 33135

Title: SD
Name: VILLASUSO, ELOY JR
Address: 9700 SW 15 STREET
City-St-Zip: MIAMI, FL 33174

Title: TD
Name: BARRIOS, HENRY
Address: 7791 NW 166 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BORIS ALVAREZ ED 04/02/2012

Electronic Signature of Signing Officer or Director — Date