

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055646

Entity Name: JOSE R. ROVIRA, M.D., P.A.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

11760 SW 40TH STREET
#646
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

PO BOX 565006
MIAMI, FL 332565006

New Mailing Address:

FEI Number: 65-1018758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
SUITE 700
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROVIRA, JOSE R M.D.
Address: 8800 SW 57TH AVENUE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROVIRA, JOSE R M.D.
Address: 8800 SW 57TH AVENUE
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSE R ROVIRA

PRES

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date