

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000021860

**Entity Name:** RAPPHA HEALTHCARE, INC.

**FILED**  
**Sep 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

223 E FLAGLER ST  
STE 418  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

223 E FLAGLER ST  
STE 418  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 02-0677892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABUTOG, ANGELO  
16268 SW 95 STREET  
MIAMI, FL 33196 US

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

ABUTOG, ANGELO  
16557 SW 81 TERR  
MIAMI, FL 33193 US

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

09/17/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ABUTOG, ANGELO  
Address: 16557 SW 81 TERR  
City-St-Zip: MIAMI, FL 33193

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: ANGELO ABUTOG

PD

09/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date