

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101174

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: ROMAN CENTER FOR REHABILITATION, INC.

## Current Principal Place of Business:

3950 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134

## New Principal Place of Business:

3970 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

3950 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134

## New Mailing Address:

3970 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134 US

FEI Number: 20-1339313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METSCH, BENJAMIN E  
3950 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

METSCH, BENJAMIN E  
3970 W. FLAGLER ST., STE. 201  
CORAL GABLES, FL 33134 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: BENJAMIN E METSCH

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: ROMAN, MORKA-MARIA  
Address: 3950 W. FLAGLER ST., STE. 201  
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD ( ) Delete  
Name: ROMAN, BOBBY  
Address: 3950 W. FLAGLER ST., STE. 201  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: ROMAN, MORKA-MARIA  
Address: 3970 W. FLAGLER ST., STE. 201  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V (X) Change ( ) Addition  
Name: ROMAN, BOBBY  
Address: 3970 W. FLAGLER ST., STE. 201  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Change (X) Addition  
Name: SILVA, DANIELA  
Address: 3970 W FLAGLER ST., STE 201  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORKA MARIA ROMAN

P

01/20/2005

Electronic Signature of Signing Officer or Director

Date