

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000101174

FILED
Apr 23, 2005
Secretary of State

Entity Name: ROMAN CENTER FOR REHABILITATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

MARTINEZ, ARSENIO A
15483 SW 36 TERRACE
MIAMI, FL 33185 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: ARSENIO A. MARTINEZ

04/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ROMAN, NORKA-MARIA
Address: 10610 SW 158 COURT APT. #108
City-St-Zip: MIAMI, FL 33196 US

Title: VP (X) Change () Addition
Name: PONS, AHMED
Address: 3970 W. FLAGLER ST. AUIITE #201
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PTD

04/23/2005

Electronic Signature of Signing Officer or Director

Date