

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000101174

FILED
Dec 18, 2006
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:

HURTADO, ALFONSO DR
3970 W. FLAGLER ST., STE. 201
CORAL GABLES, FL 33134 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: DR. ALFONSO HURTADO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: BOCANEGRA, HUMBERTO
Address: 3970 W. FLAGLER 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 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: DR. ALFONSO HURTADO

Electronic Signature of Signing Officer or Director

PTD

12/18/2006

Date