2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P04000101174

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:

4721 SW 5 STREET
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 (X)**

Name and Address of Current Registered Agent:

HURTADO, ALFONSO DR
4721 SW 5ST
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HURTADO, ALFONSO DR
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: ALFONSO HURTADO 03/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: HURTADO, ALFONSO DR.
Address: 4721 SW 5 ST
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP (X) Delete
Name: BOCANEGRA, HUMBERTO
Address: 3970 W. FLAGLER STE. 201
City-St-Zip: CORAL GABLES, FL 33134 US

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

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: ALFONSO HURTADO PTD 03/17/2009
Electronic Signature of Signing Officer or Director Date