

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101174

FILED
Sep 14, 2010
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:

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

Current Mailing Address:

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

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

Name and Address of New Registered Agent:

SASTRIQUES, BLANCA D OWNER
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: BLANCA DOLORES SASTRIQUES

09/14/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OW/P
Name: SASTRIQUES, BLANCA D MISS
Address: 3970 W. FLAGLER ST. STE 201
City-St-Zip: CORAL GABLES, FL 33134 US

Title: CEO
Name: HURTADO, ALFONSO DR.
Address: 3970 W. FLAGLER ST., STE 201
City-St-Zip: CORAL GABLES, FL 33134

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: DR. ALFONSO HURTADO

CEO

09/14/2010

Electronic Signature of Signing Officer or Director

Date