

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000040372

Entity Name: R & R MEDICAL CENTER, INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2272 SW 7TH ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2272 SW 7TH ST  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 26-2395004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALDES GARCIA, MARA MD  
2272 SW 7TH ST  
MIAMI, FL 33135 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VALDES GARCIA, MARA MD  
Address: 2272 SW 7 ST  
City-St-Zip: MIAMI, FL 33135

Title: VP  
Name: MIGUENS, ROSSHALDE  
Address: 8420 SW 92 ST  
City-St-Zip: MIAMI, FL 33156

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: ROSSHALDE MIGUENS

VP

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date