

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064560

FILED
Apr 25, 2009
Secretary of State

Entity Name: ROMERO'S PHYSICAL THERAPY REHABILITATION, INC.

Current Principal Place of Business:

6631 WEST 14TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

3355 WEST 68TH STREET STE 113
HIALEAH, FL 33018 US

Current Mailing Address:

6631 WEST 14TH AVENUE
HIALEAH, FL 33012

New Mailing Address:

3355 WEST 68TH STREET STE 113
HIALEAH, FL 33018 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROMERO, ALIDA V
6631 WEST 14TH AVENUE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ROMERO, ALIDA V
3355 WEST 68TH STREET STE 113
HIALEAH, FL 33018 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: ALIDA V ROMERO

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMERO, ALIDA
Address: 6631 WEST 14TH AVENUE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROMERO, ALIDA
Address: 3355 WEST 68TH STREET STE 113
City-St-Zip: HIALEAH, FL 33018 US

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: ALIDA V ROMERO

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date