## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000089517

Entity Name: ROCA HEALTH SERVICES INC

FILED May 20, 2009 Secretary of State

Entity Nar	me: ROCAH	EALTH SERVICES, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
450 NW 123 ST MIAMI, FL 33168 US				450 NW 123RD STREET MIAMI, FL 33168 US	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
450 NW 12 MIAMI, FL			1172 STRIPER DRIVE MANNING, SC 29102	US	
FEI Number:	: 26-3467615	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	23 ST 33168 US		purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVST ( ALEJO, CARLO 450 NW 123 S MIAMI, FL 33	Т	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ALEJO, CARLO 450 NW 123 S MIAMI, FL 33	Т	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

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: CARLOS ALEJO PVST 05/20/2009