

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000012290

**Entity Name:** ROCHY NURSING CARE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18681 BELMONT DR.  
CUTLER BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18681 BELMONT DR.  
CUTLER BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 26-4222976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMOS, ROSALBA  
18681 BELMONT DR.  
CUTLER BAY, FL 33157 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: PSD  
Name: RAMOS, ROSALBA  
Address: 18681 BELMONT DR.  
City-St-Zip: CUTLER BAY, FL 33157

Title: VPSD  
Name: RAMOS, RENE O  
Address: 18681 BELMONT DR.  
City-St-Zip: CUTLER BAY, FL 33157

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: ROSALBA RAMOS

PRES

04/26/2011

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

\_\_\_\_\_  
Date