

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000048869

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** ROIG ORTHO & REHAB CENTER INC

**Current Principal Place of Business:**

972 SW 82 AVE  
MIAMI, FL 33144

**New Principal Place of Business:**

932 SW 82 AVE  
MIAMI, FL 33144

**Current Mailing Address:**

972 SW 82 AVE  
MIAMI, FL 33144

**New Mailing Address:**

932 SW 82 AVE  
MIAMI, FL 33144

**FEI Number:** 45-2403673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROIG, CARLOS MD  
972 SW 82 AVE  
MIAMI, FL 33144 US

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

ROIG, CARLOS MD  
932 SW 82 AVE  
MIAMI, FL 33144 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/07/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: ROIG, CARLOS MD  
Address: 932 SW 82 AVE  
City-St-Zip: MIAMI, FL 33144

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: CARLOS ROIG

PRES

03/07/2012

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

\_\_\_\_\_  
Date