

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000059659

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** DELGARRO PHYSICAL THERAPY CENTER, CORP

**Current Principal Place of Business:**

9401 SW 4TH STREET  
APT. 209  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

9401 SW 4TH STREET  
APT. 209  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 45-2677700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARROTE, ANNELIS  
9401 SW 4TH STREET  
APT. 209  
MIAMI, FL 33174 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: GARROTE, ANNELIS  
Address: 9401 SW 4TH STREET APT. 209  
City-St-Zip: MIAMI, FL 33174

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: ANNELIS GARROTE

MRS

01/10/2012

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

\_\_\_\_\_  
Date