

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093484

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** ROMERO REHABILITATION PHYSICAL THERAPY INC.

**Current Principal Place of Business:**

42 NW 27 AVE STE 423  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

42 NW 27 AVE STE 423  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:** 45-3957510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, JESUS FELIPE  
42 NW 27 AVE STE 423  
MIAMI, FL 33125 US

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

ROMERO, JESUS FELIPE  
11 SW 102 CT  
MIAMI, FL 33174 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: JESUS F ROMERO

01/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROMERO, JESUS FELIPE  
Address: 11 SW 102 CT  
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: JESUS F ROMERO

P

01/27/2012

Electronic Signature of Signing Officer or Director

Date