

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041495

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ROSS INTEGRAL HEALTH CENTER, INC.

## Current Principal Place of Business:

2919 SW 110 AVE  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX  
260040  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0416421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOCORRO, PRUDENCIO  
2919 SW 110 AVE  
MIAMI, FL 33165      US

## Name and Address of New Registered Agent:

SOCORRO, MARCOS P  
2919 SW 110 AVE  
MIAMI, FL 33165      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: MARCOS PRUDENCIO SOCORRO

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SOCORRO, PRUDENCIO  
Address: 2919 SW 110 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VP ( ) Delete  
Name: VALDEZ, ROSA M  
Address: 2919 SW 110 AVE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SOCORRO, MARCOS P  
Address: 2919 SW 110 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change ( ) Addition  
Name: SOCORRO, ROSA M  
Address: 2919 SW 110 AVE  
City-St-Zip: MIAMI, FL 33165

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: MARCOS P. SOCORRO

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date