

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102755

FILED
Jan 30, 2012
Secretary of State

Entity Name: SOMA MEDICAL CENTER, P.A. #4

Current Principal Place of Business:

330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 27-4373875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ-NUNEZ, JACQUELINE
330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 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: NUNEZ, RAFAEL
Address: 11693 MANATEE BAY LANE
City-St-Zip: WELLINGTON, FL 33467 US

Title: VP
Name: FOREZ-NUNEZ, JACQUELINE
Address: 11693 MANATEE BAY LANE
City-St-Zip: WELLINGTON, FL 33467 US

Title: SECF
Name: FUSTER, YORLENI
Address: 224 POE DRIVE
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: TREA
Name: GALIANO, HERMES
Address: 224 POE DRIVE
City-St-Zip: PALM SPRINGS, FL 33461 US

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: JACKIE NUNEZ

T

01/30/2012

Electronic Signature of Signing Officer or Director

_____ Date