

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102755

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

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 27-4373875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOREZ-NUNEZ, JACQUELINE
330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 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

Date

Officer/Director Detail :

Title P
Name NUNEZ, RAFAEL
Address 11693 MANATEE BAY LANE
City-State-Zip: WELLINGTON FL 33467

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

Title SECF
Name NUNEZ, JACQUELINE
Address 330 S. DIXIE HWY.
STE. 3 & AMP; 4
City-State-Zip: LAKE WORTH FL 33460

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

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: JACQUELINE FLOREZ-NUNEZ

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date