

**2015 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 13628 QUARTER HORSE TRAIL  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name FOREZ-NUNEZ, JACQUELINE  
Address 13628 QUARTER HORSE TRAIL  
City-State-Zip: WELLINGTON FL 33414

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

*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:** RAFAEL NUNEZ

**DIRECTOR**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date