# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 15, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 523209

1. Entity Name

RAFAEL A. SOTO, M.D., P.A.

Principal Place of Business
161 WASHINGTON AVE
MIAMI FL 33139

Mailing Address
161 WASHINGTON AVE
MIAMI FL 33139

1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-1716520 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SOTO, MARIA T
161 WASHINGTON AVE
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) - DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee Will Be $550.00**
***Make Check Payable to Florida Department of State***

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|---|---|---|---|---|
| D | SOTO, MARIA TERESA | 161 WASHINGTON AVE. | MIAMI FL 33139 | ☐ Delete |
| PD | SOTO, RAFAEL A | 161 WASHINGTON AVE. | MIAMI FL 33139 | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |
| | | | | ☐ Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|---|---|---|---|---|
| | | | U00000435179 02/25/06-80032-008 150.00 | ☐ Change ☐ Add |
| | | | | ☐ Change ☐ Add |
| | | | | ☐ Change ☐ Add |
| | | | | ☐ Change ☐ Add |
| | | | | ☐ Change ☐ Add |
| | | | | ☐ Change ☐ Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatio indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direct 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 in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Maria Teresa Soto. 02/10/2006 (305) 672-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #