

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 523209

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** RAFAEL A. SOTO, M.D., P.A.

**Current Principal Place of Business:**

161 WASHINGTON AVE  
MIAMI, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

161 WASHINGTON AVE  
MIAMI, FL 33139

**New Mailing Address:**

**FEI Number:** 59-1716520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOTO, MARIA T  
161 WASHINGTON AVE  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

SOTO, LOURDES ESQ  
161 WASHINGTON AVE  
MIAMI BEACH, FL 33139 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:** LOURDES SOTO ESQ.

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** PETERSON, EMILIA M  
**Address:** 161 WASHINGTON AVE.  
**City-St-Zip:** MIAMI, FL 33139

**Title:** PD  
**Name:** SOTO, RAFAEL A  
**Address:** 161 WASHINGTON AVE.  
**City-St-Zip:** MIAMI, FL 33139

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 SOTO

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date