

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 523209

FILED  
Apr 14, 2014  
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:**

1555 N TREASURE DR  
407  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

161 WASHINGTON AVE  
MIAMI, FL 33139

**New Mailing Address:**

1555 N TREASURE DR  
407  
NORTH BAY VILLAGE, FL 33141

FEI Number: 59-1716520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOTO, RAFAEL A  
Address: 1555 N TREASURE DR #407  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VP  
Name: PETERSON, EMILIA M  
Address: 7601 BEACHVIEW DR.  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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 A SOTOT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/14/2014

\_\_\_\_\_  
Date