

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 604406

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

4701 N. FEDERAL HWY, SUITE A-12  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

4800 N. FEDERAL HWY, SUITE 200  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

4701 N. FEDERAL HWY, SUITE A-12  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

4800 N. FEDERAL HWY, SUITE 200  
FT. LAUDERDALE, FL 33308

**FEI Number:** 59-1466745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BERNARD, GARCIA  
4701 N. FEDERAL HWY  
FORT LAUDERDALE, FL 33308 US

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

BERNARD, GARCIA  
4800 N. FEDERAL HWY  
SUITE 200  
FORT LAUDERDALE, FL 33308 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: BERNARD GARCIA, MD

10/07/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: BERNARD, GARCIA  
Address: 4800 N. FEDERAL HWY, STE 200  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: BERNARD GARCIA

MD

10/07/2013

Electronic Signature of Signing Officer or Director

Date