2007 FOR PROFIT CORPORATION * ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 666611

1. Entity Name
JULIO SOMOANO, M.D., P.A.



FILED Feb 15, 2007 08:00 Al Secretary of State

Principal Place of Business

7000 SW 97 AVE., #214 MIAMI, FL 33173 US Mailing Address

7000 SW 97 AVE., #214 MIAMI, FL 33173 US



01182007

No Chg-P ·

CR2E034 (11/05)

4. FEI Number 59-2002304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JULIO SOMOANO, MD 7000 SW 97TH AVE STE 214 MIAMI, FL 33173

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the obligat	tions of registered agent.	ourpose of changing its register	ed office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
-signature.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registere	d Agent signatur	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMOANO, JULIO MD 7000 SW 97TH AVE, # 214 MIAMI, FL 33173				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000636729 02/26/07-80029-025 150.00
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I 12 Thereby o	certify that the information supplied with this fi	ling does not qualify for the evi	amotione cor	ntained in Chanter 11	Florida Statutos I further partify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 eath; that I am ap 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 2/8/07 2+1-6+4