


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 666611 1. Entity Name JULIO SOMOANO, M.D., P.A.	
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Principal Place of Business 7000 SW 97 AVE., #214 MIAMI, FL 33173 US	Mailing Address 7000 SW 97 AVE., #214 MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2002304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

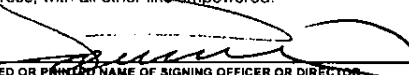
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/13/09-80074-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMOANO, JULIO MD 7000 SW 97TH AVE, # 214 MIAMI, FL 33173
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IN THIS SPACE**

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  1/30/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____