

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90004 013 ***150.00

DOCUMENT # P0000055222

1. Entity Name
SOTO MEDICAL ASSOCIATES, INC.



Principal Place of Business
**179 SUNNY ISLES BLVD.
SUNNY ISLES, FL 33160**

Mailing Address
**8935 GARLAND AVENUE
MIAMI BEACH, FL 33154**

DO NOT WRITE IN THIS SPACE



08262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1011575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOTO, ALICIA
8935 GARLAND AVENUE
SURFSIDE, FL 33154**

**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 _____

Signature, hand or printed name of registered agent and date if applicable.

NOTE: Registered Agent signature required when registering.

DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MD
SOTO, JOSE A
8935 GARLAND AVENUE
MIAMI BEACH, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or other like endorsement.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04

Date

Daytime Phone # _____