

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000055222

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** SOTO MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

3363 NE 163RD STREET.  
SUITE 505  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

1571 STILLWATER DR  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 65-1011575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO, ALICIA  
1571 STILLWATER DR  
MIAMI BEACH, FL 33141 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:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** SOTO, JOSE A  
**Address:** 1571 STILLWATER DR  
**City-St-Zip:** MIAMI BEACH, 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:** JOSE A. SOTO

PRES

03/04/2011

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

\_\_\_\_\_  
Date