

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90164 040 ***150.00

DOCUMENT # P00000055222

1. Entity Name
SOTO MEDICAL ASSOCIATES, INC.



Principal Place of Business
17310 COLLINS AVE
SUNNY ISLES FL 33160

Mailing Address
8935 GARLAND AVENUE
MIAMI BEACH FL 33154



2. Principal Place of Business

3. Mailing Address

179 Sunny Isles Blvd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sunny Isles Beach FL

City & State

4. FEI Number 65-1011575

Applied For
Not Applicable

Zip 33160 **Country** Dade

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, ALICIA
8935 GARLAND AVENUE
SURFSIDE FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 (305) 940-5007
DATE **Daytime Phone #**

CR2E034 (10/02)