

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000065696

**FILED**  
**Oct 05, 2012**  
**Secretary of State**

**Entity Name:** SOMA MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

3255 FOREST HILL BLVD  
SUITE 103  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

3255 FOREST HILL BLVD  
SUITE 103  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number:** 65-1023762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, RAFAEL O  
11683 MANATEE BAY LANE  
WELLINGTON, FL 33467 US

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

NUNEZ, RAFAEL O  
11683 MANATEE BAY LANE  
WELLINGTON, FL 33449 US

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:** RAFAEL O. NUNEZ

10/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** NUNEZ, RAFAEL O  
**Address:** 11683 MANATEE BAY LANE  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** SD  
**Name:** FLOREZ-NUNEZ, JACQUELINE  
**Address:** 11683 MANATEE BAY LANE  
**City-St-Zip:** WELLINGTON, FL 33467

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:** JACQUELINE FLOREZ-NUNEZ

SD

10/05/2012

Electronic Signature of Signing Officer or Director

Date