

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029996

Entity Name: SOFLA HEALTHCARE, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5779 NW 116 AVENUE  
#107  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5779 NW 116 AVENUE  
#107  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 02-0682897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, LUIS MIGUEL  
5779 NW 116 AVENUE  
#107  
MIAMI, FL 33178 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: PCEO  
Name: GOMEZ, LUIS MIGUEL  
Address: 5779 NW 116 AVENUE  
City-St-Zip: MIAMI, FL 33178

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: LUIS MIGUEL GOMEZ

CEO

04/26/2012

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

\_\_\_\_\_  
Date