

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120678

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: JAIME A. SOTERAS, M.D., P.A.

**Current Principal Place of Business:**

4160 WEST 16 AVE  
203  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4160 WEST 16 AVE  
203  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-3396283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOTERAS, JAIME A  
10909 WEST OKEECHOBEE ROAD  
202  
HIALEAH, FL 33018 US

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

SOTERAS, JAIME A  
1272 NW 192 ND AVE.  
PEMBROKE PINES, FL 33029 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: \_\_\_\_\_ 03/23/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SOTERAS, JAIME A  
Address: 10909 WEST OKEECHOBEE ROAD #202  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SOTERAS, JAIME A  
Address: 1272 NW 192ND AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAIME A. SOTERAS      MD      03/23/2009  
Electronic Signature of Signing Officer or Director      Date