

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066993

FILED
Feb 10, 2012
Secretary of State

Entity Name: SORING MEDICAL TECHNOLOGY, INC.

Current Principal Place of Business:

8000 NW 31ST STREET
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

8000 NW 31ST STREET STE 8
8
DORAL, FL 33122

New Mailing Address:

8000 NW 31ST STREET
DORAL, FL 33122

FEI Number: 27-3261105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NERDINSKY, LEONID ESQ
3800 S OCEAN DRIVE STE 222
HOLLYWOOD, FL 33019 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: P
Name: RODRIGUEZ, CARLOS
Address: CRA 64A NO 22041 TORRE 1 APTO 1501
City-St-Zip: BOGOTA DC COLOMBIA, XX

Title: V
Name: SORINGUEZ, HOLGER
Address: CRA 64A NO 22041 TORRE 1 APTO 1502
City-St-Zip: BOGOTA DC COLOMBIA, XX

Title: S
Name: CAMACHO, NESTOR
Address: 19915 SW 88 PL
City-St-Zip: MIAMI, FL 33157

Title: AS
Name: GIRALDO, DIEGO
Address: DIAG 7A NO 19-13 APTO 202
City-St-Zip: BOGOTA DC COLOMBIA, XX

Title: T
Name: CORDERO, MILTON
Address: CRA 68D NO 24A-50 TORRE 3 APTO 402
City-St-Zip: BOGOTA DC COLOMBIA, XX

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: NESTOR CAMACHO

MR

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date