

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102751

FILED
Jan 30, 2012
Secretary of State

Entity Name: SOMA MEDICAL CENTER, P.A. #3

Current Principal Place of Business:

3255 FOREST HILL BLVD.
SUITE 107
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

3255 FOREST HILL BLVD.
SUITE 107
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 27-4373636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREZ-NUNEZ, JACQUELINE
3255 FOREST HILL BLVD.
SUITE 107
WEST PALM BEACH, FL 33406 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: NUNEZ, RAFAEL
Address: 11693 MANATEE BAY LANE
City-St-Zip: WELLINGTON, FL 33467 US

Title: S
Name: FLOREZ-NUNEZ, JACQUELINE
Address: 11693 MANATEE BAY LANE
City-St-Zip: WELLINGTON, FL 33467 US

Title: V
Name: HENRIQUEZ, ALFONSO J
Address: 1687 RIPLEY RUN
City-St-Zip: WELLINGTON, FL 33414

Title: T
Name: SILVA ARROYAVA, LINA P
Address: 1687 RIPLEY RUN
City-St-Zip: WELLINGTON, FL 33414

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: JACKIE NUNEZ

T

01/30/2012

Electronic Signature of Signing Officer or Director

Date