

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065696

Entity Name: SOMA MEDICAL CENTER, P.A.**Current Principal Place of Business:**3255 FOREST HILL BLVD
SUITE 103
WEST PALM BEACH, FL 33406**Current Mailing Address:**3255 FOREST HILL BLVD
SUITE 103
WEST PALM BEACH, FL 33406 US**FEI Number:** 65-1023762**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NUNEZ, RAFAEL O
13628 QUARTER HORSE TRAIL
WELLINGTON, FL 33414 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	NUNEZ, RAFAEL O
Address	3255 FOREST HILL BLVD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33406

Title	CEO/SECRETARY
Name	FLOREZ-NUNEZ, JACQUELINE
Address	3255 FOREST HILL BLVD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33406

Title	VP
Name	FLOREZ, ANDRES
Address	3255 FOREST HILL BLVD STE 103
City-State-Zip:	WEST PALM BEACH FL 33406

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: NUNEZ, RAFAEL

PRESIDENT

02/05/2024

Electronic Signature of Signing Officer/Director Detail_____
Date