

**2014 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 MD  
Name NUNEZ, RAFAEL O  
Address 3255 FOREST HILL BLVD  
SUITE 103  
City-State-Zip: WEST PALM BEACH FL 33406

Title SD  
Name FLOREZ-NUNEZ, JACQUELINE  
Address 3255 FOREST HILL BLVD  
SUITE 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:** JACQUELINE FLOREZ-NUNEZ

VP

01/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date