

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066993

**Entity Name:** SORING MEDICAL TECHNOLOGY, INC.

**Current Principal Place of Business:**

19915 SW 88 PL  
MIAMI, FL 33157

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC1335669652**

**Current Mailing Address:**

8000 NW 31ST STREET  
DORAL, FL 33122

**FEI Number: 27-3261105**

**Certificate of Status Desired: No**

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

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

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

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

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

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

*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**

**OFFICER**

**04/23/2014**

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

\_\_\_\_\_  
Date