

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000102755

Entity Name: SOMA MEDICAL CENTER, P.A. #4

Current Principal Place of Business:

421 SOUTH DIXIE HWAY
LAKE WORTH, FL 33460

Current Mailing Address:

330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 US

FEI Number: 27-4373735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOREZ-NUNEZ, JACQUELINE
330 S. DIXIE HWY.
STE. 3 & 4
LAKE WORTH, FL 33460 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 NUNEZ, RAFAEL
Address 13628 QUARTER HORSE TRAIL
City-State-Zip: WELLINGTON FL 33414

Title VP
Name FOREZ-NUNEZ, JACQUELINE
Address 13628 QUARTER HORSE TRAIL
City-State-Zip: WELLINGTON FL 33414

Title SECF
Name NUNEZ, JACQUELINE
Address 421 SOUTH DIXIE HWAY
City-State-Zip: LAKE WORTH FL 33460

Title CFO
Name NUNEZ, CATALINA
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: JACQUELINE FLOREZ-NUNEZ

VP

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date