2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2015
Secretary of State
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Entity Name: SOMA MEDICAL CENTER PA #5

Current Principal Place of Business:

3255 FOREST HILL BLVD
103
WEST PALM BEACH, FL 33406

Current Mailing Address:

3255 FOREST HILL BLVD
103
WEST PALM BEACH, FL 33406

FEI Number: 46-1945862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUNEZ, RAFAEL
3255 FOREST HILL BLVD
103
WEST PALM BEACH, FL 33406 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	Title	S
Name	NUNEZ, RAFAEL	Name	NUNEZ, JACQUELINE
Address	13628 QUARTER HORSE TRAIL	Address	13628 QUARTER HORSE TRAIL
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
Title	VP	Title	T
Name	HENRIQUEZ, ALFONSO J	Name	SILVA, LINA P
Address	11683 MANATEE BAY LN	Address	11683 MANATEE BAY LN
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

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: LINA P. SILVA TREASURER 01/07/2015

Electronic Signature of Signing Officer/Director Detail — Date